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Worldwide Report

EPIDEMIOLOGY

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5 MAY 1987

WORLDWIDE REPORT

EPIDEMIOLOGY

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HEALTH MINISTER EXPLAINS TUBERCULOSIS CONTROL PROGRAM

Dhaka THE NEW NATION in English 2 Mar 87 pp 1, 8

[Text]

the Government had already integrated the tuberculosis programme with the general health system in order to control the disease. Besides, he said, there are arrangements of diagnosis and treatment of tuberculosis through the country's 44 T.B. clinics.

He said under the tuberculosis control programme through the upazila health complexes the children are given the BCG vaccines. He said there are also arrangement of diagnosis and treatment of the disease through cough testing at the upazila health complexes.

In reply to another question from Begum Parveen Sultana, Jolly Rahman of Jatiya Party, the Health Minister said that the facilities of the treatment of tuberculosis disease would be made available at all upazilas of the country under the Third Five Year Plan.

The tuberculosis control programme will be implemented at the union level under the Third Five Year Plan (1986-90), Health and Family Planning Minister Mr. Salahuddin Kader Chowdhury told the Jatiya Sangsad yesterday.

Replying to a question from Begum Hasna Jasimuddin Moudud of Jatiya Party, he said the officers and employees of the Health Division had already been imparted training on the control of tuberculosis disease.

The Health Minister said a programme had been taken up for control of tuberculosis disease through the country's 124 upazila health complexes. Besides he said there are five T B hospitals; 8 segregation hospitals and 44 TB clinics for the treatment of the disease in the country.

Mr Chowdhury said that

/9274

CSO: 5450/0116

BRIEFS

KHULNA TUBERCULOSIS CASES--Narail, 9 Mar--The number of TB patients has been increasing gradually in Khulna district. About 14 thousand TB patients are now under treatment here. A source connected with Khulna TB clinic has reported the number of old TB patients are getting treatment, is 11,537. All of them were registered with the clinic in 1985 while the number of patients registered in 1985 is 1924 of whom 1312 were male patients and 541 were females and 71 were boys and 35 were girls. It is reported that during January of this year 150 patients have been registered with the clinic for treatment. Generally only the patients with chest disease came to Khulna TB Clinic for treatment. It is learnt that a total number of 7925 patients reported to this clinic for treatment in 1985. When contacted a chest specialist said that the number is being increased day by day owing to malnutrition and environment pollution. He said that 95 percent of TB patients come from low income group. [Text] [Dhaka THE BANGLADESH OBSERVER in English 10 Mar 87 p 7] /9274

JAUNDICE EPIDEMIC REPORTED--Sylhet, 8 Mar--About 3,000 people in the district are suffering from jaundice, according to an estimate by some noted physicians of this town. Every family in the town has been affected. So far five deaths have been reported from other upazilas. Most of the victims were treated by quacks in villages. The worst affected areas are Sadar, Golapganj, Gowainghat, Companyganj and Biswanath upazila. According to doctors the disease is a viral one and can be cured with complete rest and easily digestible carbohydrate foods. [Text] [Dhaka THE BANGLADESH OBSERVER in English 10 Mar 87 p 7] /9274

MALARIA AT NOAPARA--Noapara (Jessore), 3 Mar--Mosquito meance in Noapara industrial area has increased in an alarming position causing great suffering to the town dwellers and exposing them to the serious health hazards. Polluted waters scattered all over the town area are the breeding places of mosquitoes. According to Noapara hospital and private clinic sources, at least 50 persons have been attacked of malaria during last two months causing great anxiety of dwellers. [Text] [Dhaka THE BANGLADESH OBSERVER in English 5 Mar 87 p 7] /9274

AID FOR IMMUNIZATION--Bangladesh and Sweden yesterday signed an agreement in Dhaka under which the latter will provide Swedish Kroner 70 million (Tk 33 crore) as grant for the implementation of the project expanded programme on immunisation, reports BSS. The objective of this programme is to reduce morbidity and mortality of infant and young children by protecting them from six targetted diseases i.e., tuberculosis, diphtheria, whooping cough, tetanus,

polio and measles. About 48,34,000 children of rural and urban areas up to the age of 2 years will receive full doses of BCG, DPT, polio and measles vaccines under the programme. Besides, some 84,58,000 women of child bearing age in rural and urban areas will receive full doses of TT vaccine. It is expected that through successful implementation of this programme Bangladesh would achieve Universal Child Immunisation UCI by 1990. [Excerpt] [Dhaka THE NEW NATION in English 6 Mar 87 p 1] /9274

CSO: 5450/0118

APPROVAL OF NATIONAL DISEASE RESEARCH CENTER REPORTED

Ottawa THE OTTAWA CITIZEN in English 13 Mar 87 pp A1, A2

[Article by Cathy Campbell and Jean Nantais]

[Text]

A \$93-million state-of-the-art disease research centre is to be built in the Ottawa area in 1990, the *Citizen* has learned.

The 12,000-square metre centre, to be completed in 1993, will replace antiquated and overcrowded facilities in the 30-year-old Disease Control Centre at Tunney's Pasture.

Health and Welfare's Disease Control Centre is the national reference laboratory, where highly specialized research into disease is done.

The national project will enable doctors and scientists to conduct research into viruses and bacteria, including sensitive and dangerous work they've been unable to do in recent years.

"We're at the point where we don't do a lot of things we should be doing," Dr. Alastair Clayton, head of the Disease Control Centre said Thursday.

"Technology has changed so much that the present facilities are no longer adequate to undertake the work we should be doing."

Clayton said scientists need new equipment, properly constructed labs with up-to-date air handling and filtration systems.

Many rare and newly-discovered viruses can't be examined because existing facilities aren't safe enough, Clayton said.

The viruses are dangerous and must be properly contained.

"The type of filtration needed was never built into the labs," he said.

Theoretically, scientists could contract the viruses they're studying if filtration is not adequate.

When the new centre is built, scientists will also be able to expand their study of the disease AIDS, acquired immunodeficiency syndrome.

Financing for the project, the largest of its kind in Canada, recently received approval from Treasury Board, said Miles McElrhone, director of the central services directorate in

project should be approved by September 1988.

Tenders will go out for architects for the project in the next couple of weeks.

McElrone said disease research centres such as the Atlanta Centre for Disease Control in the U.S., and centres in England and Australia will be studied and information gained will go into construction of the new centre.

The Disease Control Centre, which has 250 workers, also keeps track of diseases in Canada, investigates their prevalence and the outbreak of new cases.

The centre's bureau of biologics is responsible for licensing and

approving new vaccines.

"This is really giving us updated, comfortable and safe facilities," said Clayton of the new centre.

"We require facilities that are state-of-the-art — not 30 years old," he said.

As a stop-gap measure until the new centre is built, the government will spend about \$1 million to renovate and make safer the air treatment systems in existing labs.

"The buildings have to be up-to-scratch because they've been steadily deteriorating," said McElrone.

The federal government doesn't plan to increase staff at the centre once the new building is finished.

McElrone said the Disease Control Centre is the final phase of a major construction project developed in the health protection branch in the early '80s.

A regional research lab was completed this month in Burnaby, B.C. and a research centre is now under construction in Winnipeg.

Analysis of food and drug samples are conducted at those labs.

An environmental assessment review will be conducted before Health and Welfare receives final approval for construction of the Disease Control Centre.

Health and Welfare's health protection branch.

A site and a design for the building have not yet been selected.

"Existing facilities are simply inadequate, old and rundown and can't handle the research that needs to be done," said McElrone.

A preliminary design for the

/9274

CSO: 5420/24

AIDS INCIDENCE, TESTING, FUNDING DISCUSSED

Toronto Termed 'AIDS Capital'

Ottawa THE OTTAWA CITIZEN in English 28 Mar 87 p A4

[Text]

TORONTO (CP) — Toronto has become the AIDS capital of Canada.

Doctors in the city have treated 217 AIDS patients — all of them male — since the fatal disease was first diagnosed in Canada in 1982.

Of that total, 113 have died of acquired immunodeficiency syndrome or its effects.

The figures represent almost one quarter of the 942 AIDS cases and 480 deaths reported in Canada in the past five years, up until March 9. (There have been 14 new cases since then, with seven more deaths, federal health authorities report.)

In Ottawa-Carleton, 11 people have died of AIDS. The regional health unit says of the 20 adult males known to have contracted AIDS, three were recipients of blood or blood products tainted with the virus.

Toronto had twice as many AIDS cases as the total reported in seven of the 10 provinces. Only Quebec exceeds Toronto's total, accounting for 274 cases.

The Toronto Board of Health released the grim statistics Thursday as city health officials wrestled with the best way to educate the public, especially the young, about how to avoid catching the sexual disease, transmitted primarily through semen and blood.

Health officials want to avoid panicking people while advocating "safe sex" by using con-

doms or through monogamous relationships.

Fully 99 per cent of Toronto's victims (215 of the 217 infected people) were homosexual or bisexual — the highest risk groups identified by health authorities.

Other high-risk groups include those of Haitian origin; those receiving tainted blood; and heterosexuals who engage in sex with homosexual or bisexual partners.

The city's other two AIDS victims claimed no association with any of the high-risk categories. Their source for the disease is a mystery.

Toronto's 217 cases represent 62 per cent of the 349 cases reported in Ontario as of March 9. A total of 182 in the province have died.

On the same date, the province of Quebec reported 274 cases, of which about 80 per cent, or 205 cases, were in Montreal.

There were 208 cases in British Columbia, 50 in Alberta, 17 in Manitoba, 14 in Nova Scotia, 12 in Saskatchewan, six in New Brunswick, and one in Newfoundland. The only province without a reported case of AIDS is Prince Edward Island.

While no female cases have been reported in Toronto, there have been four in Ontario and 52 across Canada.

Canada has the third highest rate of AIDS cases per 1-million population in the world, behind the United States and Haiti.

Pregnancy Testing Stand

Ottawa THE OTTAWA CITIZEN in English 26 Mar 87 p A12

[Text]

TORONTO (CP) — A member of the National Advisory Committee on AIDS says it wants Health and Welfare Minister Jake Epp to encourage more voluntary AIDS testing for women who are pregnant or planning to have children.

The committee, which advises the minister about acquired immunodeficiency syndrome, is also recommending couples take the test if either partner received a blood transfusion between 1978 and October, 1985, said committee member Dr. Catherine Hankins.

Laboratory testing of blood donations to eliminate AIDS-contaminated blood began in November, 1985. The Canadian Red Cross Society has suggested concerned individuals speak to a doctor who might recommend the test.

Although the advisory committee is mainly promoting the test for potential mothers in high-risk groups, its members also want Epp to strongly advise women to take the test if they have travelled to and engaged in sex in high-risk areas such as New York City or San Francisco.

Sexually active women who have travelled to Haiti or Central Africa are also at high risk, said Hankins, a Montreal-based public health epidemiologist who sits on the committee, which is made up of health-care professionals across the country.

"We would highly recommend it (the test) for

women who have abused drugs or their partners have," Hankins said.

Newborn children of women with AIDS have a 30 to 50 per cent chance of contracting the virus, Hankins said. Most children who do get it die by the age of two, she added.

The committee is also recommending increased use of the antibody test by women who are at low risk and want to become pregnant but "may have had several different sexual partners (in the past) and don't know that much about them," or their sexual history, said Hankins.

She emphasized that all the testing would have to guarantee confidentiality and must be accompanied by counselling. Hankins said no test would be conducted without the patient's consent.

Although some public health officials said they support these recommendations, others denounced them for concentrating on a relatively low-risk heterosexual group at the expense of the high-risk homosexual population.

"It's a nicey-nice but acceptable approach by politicians who don't want to be seen to be linked with the gay community," said Dr. John Blatherwick, medical officer of health for Vancouver.

In Canada, about 82 per cent of diagnosed AIDS cases are among homosexual and bisexual men.

Quebec Financing Decision

Ottawa THE OTTAWA CITIZEN in English 20 Mar 87 p C1

[Text]

MONTREAL (CP) — Quebec will no longer finance the only province-wide organization fighting AIDS because government officials say provincially-funded community health centres should be responsible for preventing the spread of the deadly disease.

The decision not to renew the \$312,000 annual grant for the Montreal-based SIDA-Quebec was announced this week, about one month before a panel of experts is to recommend how Quebec should fight the disease. SIDA stands for acquired immune deficiency syndrome in French.

The budget cut, effective March 31, was immediately criticized.

"It is premature to get rid of the committee before another one is in place," said Richard

Burzynski, head of C-SAM, a Montreal community group against AIDS.

"That is probably the most dangerous thing. . . SIDA-Quebec is the only provincial group available that has a certain grasp of the problem."

Burzynski called the government's approach short-sighted and inadequate.

"There's more than enough work to go around," he said. "Everyone is underestimating the problem of AIDS."

But Dr. Michel Pelletier, director of public health for Quebec, said it was better to decentralize the fight against AIDS, which has killed 486 Canadians, including 150 Quebecers.

Latest federal statistics show that after British Columbia, Quebec has the second-high-

est rate of AIDS in Canada. Of the 944 cases reported in the country to date, 274 Quebecers have contracted the fatal disease, which has no known cure or proven treatment.

SIDA-Quebec had a team of eight specialists who helped advise doctors and health workers on how to cope with the disease. As well, the group ran the province's main library about AIDS and staffed a telephone hotline for anyone worried about the disease.

Ginette Longpre, a SIDA-Quebec worker, said the group had a half-dozen calls a week from people who panicked after learning that they have AIDS or the AIDS antibodies which indicate they have been exposed to the disease but do not yet have it.

Vancouver Hospital Funding

Vancouver THE SUN in English 19 Mar 87 p A18

[Text]

St. Paul's Hospital is "very encouraged" by the decision Wednesday of the Greater Vancouver regional district to allocate more than \$500,000 to expand facilities for AIDS patients.

Hospital spokesman Faye Cooper said the funds will be used to renovate the old out-patients' department and to purchase diagnostic equipment for the infectious-diseases clinic, which will treat patients with acquired immune deficiency syndrome and other infectious diseases.

The new facility will cost \$796,596, with the provincial ministry of health contributing \$288,266 and the GVRD making up the remaining \$508,330, hospital president Dr. Hugh McDonald has said.

He said the renovations, esti-

mated at \$85,000, could begin immediately and be completed by June. The rest of the money is allotted for equipment.

Cooper stressed, however, that the facility will not be a "walk-in clinic," as it has been described in some news reports.

She said only AIDS patients who have been treated in St. Paul's or those participating in the current trials of the drug AZT will be treated at the clinic.

"Anybody who comes in off the street will have to be referred by their family physician or, if they are too sick, will be treated in emergency," Cooper said.

Dr. Alastair McLeod, chairman of the AIDS Care Group at St. Paul's, praised the decision by the GVRD to improve the quality of

AIDS care at the hospital.

"I think that's dandy. It will allow us to go ahead and serve our patients better."

McLeod could not predict how many patients will use the facility during the next year, but said he expected it to be "very busy" within a year and a half.

With the number of diagnosed AIDS cases doubling next year and quadrupling within two years, the hospital is preparing for a "horrendous demand" for its facilities, he said.

He also said that by upgrading the infectious-diseases clinic, the hospital will be able to cut health costs by providing a service that would reduce the demand for hospital beds.

/9274

CSO: 5420/25

ONTARIO REPORTS RISE IN RED MEASLES CASES

Ottawa THE OTTAWA CITIZEN in English 28 Mar 87 p F12

[Text]

Ottawa-Carleton has so far escaped a red measles outbreak affecting the south-western part of the province.

Although the number of cases of red measles reported in Ontario this year has doubled over the same time last year, the Ottawa-Carleton region has remained unaffected, says regional public health spokesman Dr. Robert Cushman.

About 220 cases have been reported in the province since Jan. 1, up from 104 in March 1986.

But most of the cases have been reported in the south-western part of the province where more people refuse immunization on a religious basis, says Cushman.

Only 20 red measles cases were reported in the Ottawa-Carleton region in 1986. The 1987 figures are not yet available, but Cushman says he doesn't expect an increase.

He credits the province's excellent immunization program for keeping numbers low.

"All children in Ontario must be vaccinated before they go to school. Many day care centres also require it. People can ask for an exemption, but for those who get the vaccine, it's 95-per-cent effective."

/9274

CSO: 5420/24

BRITISH COLUMBIA CANCER CASES AT SMELTER, STUDY REPORTED

Kitimat Smelter Cases

Vancouver THE SUN in English 12 Mar 87 p A15

[Article by Miro Cernetig]

[Text]

The number of Alcan aluminum smelter workers in Kitimat with bladder cancer has climbed to 10 and more cases are expected to surface in the next few weeks, the Canadian Association of Smelter and Allied Workers reported Wednesday.

And Ross Slezak, president of CASAW Local 1, believes some workers are still being exposed to cancer-causing tars and wants further measures taken to clean up the smelter.

Twelve days ago, there were only six confirmed cases of bladder cancer in staff who worked in the pot-room.

"We think there will be a lot more cases coming," said Slezak, who represents 1,650 members. "It gives us some serious concern. And our members are concerned for sure."

A number of the workers are "in

very serious condition," Slezak said.

Alcan spokesman Allan Hewitson said Wednesday there are times when tar emissions linked to cancer are above permissible limits. But he said Alcan has spent millions of dollars to eliminate the problem and that safety limits are met "most of the time."

"There are still times when the pot-room does exceed the permissible limits," said Hewitson. But he said the 500 to 600 pot-room workers must use masks or respirators which protect them from 98 per cent of tars in the air.

When safety limits are exceeded it is usually by a very small fraction, he added. Tar emissions are also drastically lower than they were in the 1960s and 1970s, he said.

Slezak agrees Alcan has put great effort into reducing tar emissions, but said more can be done.

"We have to eliminate the problem at the root, which is where the fumes are coming from," he said. "There's still more that could be done."

A three-year study completed in 1983 by Dr. Gilles Theriault, a researcher at Montreal's McGill University's occupational medicine department, found pot-room workers at Alcan's smelter in Jonquiere, Que., were more likely to get bladder cancer because of tar emissions.

The study identified 85 cases of bladder cancer in pot-room workers, a quarter of whom are now dead, said Slezak.

Both Alcan and the union agree with the conclusions of the Theriault report.

Alcan spokesman Hewitson said company records show a dozen Kitimat employees could have bladder cancer, but the union believes the number of workers who have the disease could be between two or three times higher.

"We think there's a possibility of 24 to 30 cases out there. It could be more," said Slezak.

Union officials met with members of the Workers' Compensation Board Wednesday to discuss what type of criteria should be used in ruling whether a worker contracted bladder cancer due to on-the-job exposure.

"We're very optimistic that the claims will be adjudicated fairly," said Slezak.

Slezak said the union is also asking that bladder cancer be listed on the board's list of industrial diseases, a measure which would put the onus on the company or board to prove the cancer was not a result of on-the-job exposure.

In addition, the union wants efforts undertaken to speed up the settlement of claims, especially those workers who may be close to death.

Vancouver THE SUN in English 12 Mar 87 pp 81, 86

[Article by Glenn Bohn]

[Text]

Cancer kills a greater percentage of urban British Columbians than it does their rural neighbors, a Cancer Control Agency of B.C. study shows.

John Spinelli, one of the five researchers, said the rate of urban cancer deaths is "significantly higher" and cannot be explained by chance.

"Whether it's related to urbanization or some other reason, we just don't know," Spinelli said in an interview.

For instance, among males in New Westminster, the number of cancer deaths from 1956 through 1983 was 14-per-cent higher than the provincial average. For Vancouver males, the number was 13-per-cent higher and for Richmond males, eight-per-cent higher.

For women, the numbers were eight-per-cent higher than the provincial average in West Vancouver, six per cent in North Vancouver and four per cent in Vancouver.

There were also question marks: In Campbell River, the number of cancer deaths for females was 14-per-cent higher than the average; in Nanaimo, 10-per-cent higher.

Researcher Richard Gallagher said a possible explanation may be that Lower Mainland residents are exposed to more lifestyle-related cancers and carcinogens in the environment.

On the other hand, he said, it is possible that diagnosed cancer sufferers move to the Lower Mainland to seek better treatment and end up dying here.

The study is "going to raise as many questions as it answers," Gallagher cautioned.

The researchers call the maps for all cancers interesting, but they are focusing on specific cancers. They can generate tables and maps for deaths from 36 types of cancer in each of the 74 school districts studied, providing the researchers with an abundance of questions but no answers.

What emerges is a province with cancer hotspots, not a uniform map.

Dr. David Boyes, the Cancer Control Agency's retiring director, said the maps "ring alarm bells."

"And of course it ties in pretty nicely with the job I've been given," said Boyes, chairman of a government-appointed committee looking for the best way to handle hazardous waste.

The environment and parks ministry estimates 70,000 tonnes of hazardous waste is generated annually in B.C., but most is dumped into

municipal landfills where it can escape into the environment and endanger human health. The hazards include chemicals that cause cancers and birth defects.

The agency used statistics on 477,000 B.C. residents who died between 1956 and 1983. Cancer killed 93,600 people in B.C. during that period. The agency's calculations for the average rate of cancer deaths in B.C. was based on these statistics.

A B.C. Medical Journal article written by the researchers notes that studies have already linked many human cancers to environmental factors — lifestyle, diet and occupational exposure to carcinogens.

For example, the cancer patterns of immigrants usually assume those of the country of adoption.

"Indeed, it has been estimated that about 80 per cent of all cancers may be related to environmental factors and may thus be avoidable," the article says.

With this in mind, the Cancer Control Agency used a computer to map the cancer deaths. Local ratios more than 10-per-cent higher than the provincial average were depicted in red.

The provincial government provided the raw data, including the stated cause of death, place of residence, age and sex. The researchers used school districts to map the deaths, because districts are small and their boundaries have changed little since the 1950s. Then they calculated "standardized mortality ratios" for each district — the number of cancer deaths normal for a population that size. The normal rate was pegged at 100; double the normal rate is shown as 200.

That exercise produced the mysterious hotspots for specific cancers. But the more the 477,000 deaths are broken down, the more prone to misinterpretation the data becomes.

Gallagher called the map-making a "hypothesis-generating exercise."

CAPE VERDE

BRIEFS

AIDS IN CAPE VERDE---It has been disclosed in Cape Verde that 9 percent of the inmates of Praia civilian jail are AIDS carriers. Until a year ago Praia jail was the city hospital's main source of blood donors, an official source said yesterday. The source of this information was Dario Dantas dos Reis, director of Praia hospital and a member of the anti-AIDS working group set up by the Cape Verdean Government in January. The Praia authorities admitted yesterday for the first time to the existence of 25 AIDS cases in the country, of whom three are ill and one has died. [Text] [Lisbon Domestic Service in Portuguese 0700 GMT 2 Apr 87 LD] /9274

CSO: 5400/154

PRESENCE OF AIDS ACKNOWLEDGED

Prague MLADA FRONTA in Czech 4 Mar 87 p 7

[Article: "Four Ill With Aids in the CSR"]

[Text] The syndrome of acquired immune deficiency, abbreviated as AIDS, is sporadically spread in the Czech Socialist Republic. This is the conclusion voiced by assistant professor Lubomir Syrucek, candidate of sciences, chief of the Specialized Reference Laboratory of the Institute of Hygiene and Epidemiology for AIDS, at yesterday's press conference. For the present, more than 13,000 persons from at-risk groups of the population have been examined here. Among them, there were four cases, including one foreign student who has since departed, there were also 36 carriers of this disease, once more including 12 foreigners who have already left the CSR or are preparing to do so. In Slovakia, as was stated by Dr Gustav Walter from the Ministry of Public Health of the CSR, there are two cases and seven people who have the AIDS virus in their blood.

So, despite the fact that for now this serious disease is not overly widespread in our country, this cannot make us feel complacent. In developed Western countries, the number of victims of the disease is rising steeply. According to estimates of the World Health Organization for one-half of last year, there are already 100,000 cases of AIDS throughout the world with 300,000-500,000 persons being in the preliminary stages of the disease and another 5-10 million healthy persons infected with the AIDS virus, according to Prof Jan Sejda, doctor of sciences, chairman of the Czech Consultation Corps for AIDS. The largest number of cases exists in the United States where the first case of acquired immune deficiency was found in 1981. Whereas, in 1983, the United States had a daily increase of 10 cases of AIDS, toward the end of January of this year that number had risen to 160 per day; it is estimated that, for various reasons, approximately one-tenth of these cases is not recorded. In Europe, 4,576 patients were registered by 11 February, whereas by the end of September 1985 (according to the brochure on AIDS which appeared last year) there were only a few more than 1,500 cases. In the USSR, as was published last week by LITERATURNAYA GAZETA, there have been 13 cases, 12 of them involving foreigners.

AIDS is a source of concern primarily because there is no effective drug against the disease for now and one-half of all patients die within a year of

a confirmed diagnosis and 90 percent of patients die within 5 years. Scientists from the largest research institutes of the world are pressing research on viruses which cause AIDS and are seeking an effective cure--unfortunately, for the present, without great success.

How is AIDS transmitted and how can this disease be avoided?

For the most part, it is spread through sexual contact, mainly among homosexuals. Our three patients are also homosexuals who had lived abroad. The basic preventive measure, which is within the grasp of every individual, is, therefore, not to change partners. The disease is also transmitted through blood and blood derivatives, including contaminated needles and syringes, which poses a danger particularly to drug addicts. For example, 13 of our AIDS carriers acquired this virus from foreign blood derivatives; the others are homosexuals. That is why all imported therapeutic blood derivatives are strictly controlled. Currently it is planned to initiate the examination of all blood donors at transfusion stations within the framework of ongoing examinations; it is a pity that representatives of the Ministry of Public Health were unable to indicate a target date by which examining instruments will be functioning everywhere.

Our public health service is faced with the task of minimizing the incidence of AIDS and of controlling it. Each citizen can make a contribution in this regard with his or her life style.

5911

CSO: 5400/3014

BRIEFS

AIDS DEATHS REPORTED--Banjul -- Eight people have died of the deadly disease AIDS in the Gambia over the past year, a health ministry officials said on Monday. There had been 14 cases in the Gamiba in all, he said. Six of them were women, who had travelled in Zaire, the United States and West Germany. (AFP) [Text] [Addis Ababa THE ETHIOPIAN HERALD in English 19 Mar 87 p 6] /13046

CSO: 5400/155

CAMPAIGN AGAINST AIDS FOUNDATION LAUNCHED

Accra PEOPLE'S DAILY GRAPHIC in English 17 Mar 87 p 4

[Text]

MRS Aanaa Enin, PNDC member, yesterday inaugurated an 11-member committee for the Campaign Against AIDS Foundation at the British Council Hall in Accra.

The Foundation with Mr J. V. L. Phillips, resident manager of VALCO as chairman, is charged with educating the public on AIDS.

Other members are Mr Kofi Djin, Secretary for Trade and Tourism, Nana Wireko Ampem II, Chief of Amanokrom, Lt.-Col. Wallace Gbedemah, Deputy Chief of Staff, PNDC Headquarters, Dr S. C. Grant, former Director of Medical Services, and Mr C. C. Stanley-Pierre, managing director of Automobile Technical Services.

The rest are Mrs Zakaria-Ali, executive secretary of the National Council on Women and

Development, the Rev. R. A. K. Zormelo of the Christian Council of Ghana, Dr A. R. Neequaye and Dr G. Ankrah-Badu, chairman and vice-chairman respectively of the Technical Committee on AIDS, and a representative each of the Moslem Community and the Catholic Secretariat.

Mrs Enin expressed concern about the danger AIDS poses, especially to the youth who are the nation's vital asset and the mainstay of its stability.

She said scientists are still investing a lot of time and money to find an effective cure for the disease and that the only means of containing its spread is through active education campaigns.

Mr Phillips said \$15 million is needed for the campaign, and appealed to members of the public, institutions and embassies to contribute to its success.

/9274

CSO: 5400/151

MINISTER OF HEALTH DISCUSSES CURRENT PROGRAMS, PLANS

St Georges THE GRENADIAN VOICE in English 24 Feb 87 pp 6-7

[Text]

OUR Face to Face guest this week is Hon. Danny Williams, Minister of Health and Housing with responsibility also for Women's Affairs and Energy.

Q: *One of the big projects of the Ministry of Health is in keeping with the World Health Organisation target of Health for All by the year 2000. How does Grenada stand on this?*

A: As a developing country I think we are well placed.

When we say Health for All by the year 2000, health facilities will be available to all the citizens of the nation. We expect that with the primary health care system, people will find health care well within their reach. They should not have to travel too far for treatment if they need treatment.

By the year 2000 we should have sufficient

development where one should not have to suffer for want of health care, and when we speak in terms of health care, we also think in terms of affordability, so that the amount of money you have should not decide the standard of care you get.

We are forging ahead. A lot of emphasis is being placed on preventative care. I think we are doing pretty well.

Q: *Do you have any mass inoculation programme as of now, for the young and old, or any particular disease or set of diseases?*

A: We just had a report from the Caribbean Epidemiology Centre based in Trinidad, and they have just congratulated us for raising the standard of immunization in the country. We had certain targets set and we have beaten those targets in two areas. In one area we are a little deficient and we are hoping to

meet that and surpass it in 1987.

This is interesting as you raise this, because in 1980-1981, we had an outbreak of rubella in Grenada; and if we had a vaccination programme at that time, all these thousands of dollars we are spending on young children with heart condition, we would not have been spending that now. It is an incident of preventive medicine, you find that it is very cost effective. We have a lot of children who have health problems, especially cardiac problems, and others hearing, and other deficiencies - but this has been traced back to the outbreak of rubella that we had. We have now taken the precautions, and we are going out now for some mass immunization in that area to see that we don't have a recurrence of this.

Q: *Are pre-school children required to have some set of inoculation before entering school?*

A: Oh, yes.

Q: *And it is working properly?*

A: It is working properly. We have our public health doctor, which is Dr. Murray, who is responsible for that programme, and our public health nurse who is Cynthia Telesford, and they are on the ball.

Q: *So what mass inoculations do you have programmed?*

A: We have polio, diphtheria, measles,

I can't give you all the details of them, but it has been fed back to me that what's need to be done is being done with very good effect. What happens is that, if in one particular area the target reached was 70%, then they will set a new target of 80%, then a new target of 90%. You see for the programme to be overall effective, depending on the type of programme, they will have to have a minimum of say 80%, and I know

they have struck the 80 and 90 in a couple of them. So there is just one they fell down to 63, which they hope to catch up on.

Q: *You spoke about community health programmes. We have noticed that several new medical stations have been built, and others reconstructed with the aid of Radda Barnen. How close are you to achieving your complete goal in this area?*

A: The thrust on medical stations is really to supply the need for primary health care.

We are pretty close to the target. We have built seven centres in the last six months. And at least within two weeks we are going to start one at Westerhall.

I am informed by the ministry that if we are able to build about six more, that will satisfy our total need in the state. What I intend to do is to look to see whether I can get the funding to build the others.

To date we have 27 visiting stations, six health centres - and it is useful to draw the distinction. In a health centre you have a much more comprehensive service; dental chairs, etc. that's where the primary health care team meets.

We are happy to have Radda Barnen in here. Originally, they had to do six, and they had to do seven, and we got them to do some ex-

tensions in some other areas. They were able to do this because of internal savings.

Q: *The natural progression from medical stations and health centres is to hospitals. How do you feel about the three hospitals we have in the country right now. Are they adequately equipped? And the physical plant, are there any plans for upgrading, apart from some work we understand is being done in Princess Alice.*

A: Well not just some work. It's considerable work, done at Princess Alice. To spend half-a-million dollars in an area where you already had an existing hospital is quite a fair sum of money. Princess Alice is an area that can take any amount of expansion. We have the land, we have the space there.

In the General Hospital we are upgrading, especially in the area of the laboratory. I mention the laboratory because to attract specialists in, they would want to know that they have the equipment with which they can work: and some measurable progress has been made in this direction. We have had Dr. Robinson, who is the Orthopedic surgeon. I am afraid that he is moving on in years now, and might hardly be coming back to Grenada for surgical work. But I had the

pleasure of hearing him say that he was very satisfied with the progress that has been made in our equipment. He said that no orthopedic surgeon coming here to work now can feel in any way deprived or not hearing the equipment with which to work. We are thankful because we have had donors - we have had Project Hope; the Medical School has given some equipment as well; and of course we ourselves try to chip in where we can.

Q: *How is the new psychiatric unit which was opened late last year operating? Is it providing the service expected, and what plans are there for the opening of the main hospital at River Road?*

A: All mental patients are expected to pass through the new psychiatric unit on the grounds of the General Hospital, and those desiring more long-term treatment will be moved to Mt. Gay.

We had hoped to open Mt. Gay by January - February, but there has been a delay because of a lack of certain equipment. However, Project Hope has ordered the furnishings needed at Mt. Gay and we are told by the end of next month everything should be falling into place. But we hope to use areas that could be put into use right now, before the actual opening.

Q: *As Minister of Health, it could not escape you that there is an increasing rate of drug abuse in the country. How much pressure is it putting on the health system, and how much work are you doing in that area?*

A: It's putting a lot of pressure on the health system because in a small country, you cater for certain needs, and when this escalates, it does put pressure on the system.

About a month ago we had a seminar at Carlton House on drugs. It was a follow-up course. We also had an open session at Marryshow House, and a film show on the effects of it. So the Ministry of Health is trying to create an awareness of the dangers of it.

Also, we think it is a social problem so we are trying to get the rank and file of the community involved in the awareness programme. The churches, quite a few of them, are taking an active interest in the cocaine problem. Even the Ministry of Education, the police all sectors should get involved.

Q: *Is Carlton House, serving the purpose for which it was designed? Is it succeeding in rehabilitating?*

A: Yes it is. It is really a drug abuse centre, though many

people look at it as an alcoholism centre. The staff has been trained in dealing with the various types of abuses.

Q: *Dental Care is an essential part of health care. What programme has the Ministry in this connection?*

A: We have been making some strides there. We have included a number of local dentists on our staff. We have the flouride mouth-wash in the schools which we are told goes a long-way in preventing cavities. Yes, there is a programme, and the reports say it is functioning well.

Q: *What is the present position with the Cuban-*

trained doctors?

A: We have employed a few of them in the General Hospital. Ten of them came back last year, and I am told that another 13 are expected this year - and the system cannot automatically accommodate all of these young doctors. We also have to remember the medical school will be turning out 4-5 of them a year too.

The Ministry of Health would not have the means to employ all these doctors.

Two of the present doctors have been employed for some time now; the government found the funds to employ another three, one will be assigned to St. Vincent. Two have decided to go to Jamaica, I think. I am told that just two that

remain, and we will do what we can to see how we can fit those in

Q: *What is the present state of this plan for bulk purchase of drugs in the region?*

A: We have been informed that such a purchase will mean a big savings for the islands, between 20 to 25 percent. We spend about a million dollars on drug annually, so we should topped a saving between 200-thousand to 250--thousand. This will be based in St. Lucia, and we will be having a number of meetings.

The arrangements are on, and within the next two to three months, we should find the system falling into place.

/9274

CSO: 5440/086

BRIEFS

RUBELLA VACCINATION PROGRAM--In Grenada today, there are many young children suffering from health problems, especially heart problems and hearing and speech defects. These conditions affecting our youngsters have been traced back to the outbreak of Rubella which took place here during the period 1981-1982. Because of the severity of the health problems which result when pregnant women are affected by this disease, the Ministry of Health is embarking on a mass immunization campaign to prevent an outbreak of Rubella, such as the one in 1981-82, recurring again. All women between the ages 15-35 years should be vaccinated against Rubella, provided that they are not already pregnant. Pregnant women should not be vaccinated. The immunization programme begins now and would be continuing. If you are a woman between the ages of 15-35 years, please make sure that you are vaccinated against Rubella. (This programme is being conducted by the Ministry of Health with the help of Project Hope who has provided the Rubella vaccines.) [Excerpts] [St Georges THE GRENADIAN VOICE in English 7 Mar 87 p 2] /9274

CSO: 5440/086

GREECE

BRIEFS

AIDS CASES IN ARMY--In answer to an interpellation by ND deputy I. Varvitsiotis, Deputy Minister of National Defense Or. Papastratis stated that the percentage AIDS carriers in the armed forces is very low. Mr Papastratis noted that "based on the tests carried out on 33,000 blood samples that were collected among members of the armed forces until the end of 1986, only 7 cases of AIDS antibodies were found (a percentage of approximately .02 percent). The 7 AIDS carriers were granted a 2-year postponement of military service according to present regulations," Mr Papastratis noted, adding that "the Ministry of Defense has taken all the necessary measures for the continuing and efficient confrontation of the problem." [Text] [Athens I KATHIMERINI in Greek 10 Apr 87 p 2] /6091

CSO: 5400/2451

'SECOND BLACK DEATH' ORGANISM THREATENS PATIENTS

Hong Kong SUNDAY MORNING POST in English 22 Mar 87 p 3

[Article by Vicky Wong]

[Text]

A VIGOROUS control of infection program at the Prince of Wales Hospital has confirmed that Hongkong's hospital patients are under threat from a nasty drug-resistant organism which has been described as the "second black death" overseas.

The bug, which is resistant to most antibiotics except the highly toxic ones, poses a major long-term threat worldwide because it thrives in hospitals to infect patients who would not otherwise have been infected had they remained at home.

In Hongkong's hospitals, the bug — methicillin-resistant *staphylococcus aureus*, or MRSA — poses an even more serious threat because methods commonly used in other countries to limit outbreaks of infection are not suitable for use here.

These methods include closing down entire wards, isolating infected patients and suspending from work hospital staff found to be carriers of the organism.

"We can't do that in Hongkong," said Professor Gary French, head of the Chinese University's microbiology department and infection control officer at the Prince of Wales Hospital.

And MRSA infections are "common and endemic" in Hongkong hospitals as opposed to the sporadic outbreak seen in overseas hospitals such as in London, Prof French said.

MRSA is difficult to control here because of the general lack of isolation facilities at most hospitals.

At Prince of Wales, for instance, the hospital was not planned to include an isolation ward although makeshift facilities have since been arranged by using normal patient rooms for this purpose.

And the common transfer of patients between hospitals also help to spread the organism.

"When we opened the Prince of Wales Hospital, we were hoping to keep it clean of this organism which is a classic organism of hospital acquired infections," Prof French said.

"But it's very difficult in Hongkong because of the transfer of patients between hospitals."

MRSA belongs to the staph family of organisms commonly found in the environment but has mutated from other staph strains which are often carried harmlessly on people's skins and are vulnerable to antibiotics.

And MRSA is commonly found in hospitals because the wards offer an ideal environment for staph germs to build resistance and to spread quickly. The frequent use of antibiotics in hospitals kills most germs but survivors live to breed strains, such as MRSA, that become resistant to the drugs.

In such situations the use of antibiotics effective against these mutant strains actually nourishes their growth. Bacteria sensitive to the drugs die and leave the resistant ones to flourish unimpeded.

Apart from MRSA, the Prince of Wales' control of infection program shows a positive picture.

Surveys conducted twice yearly since mid-1985 show, for instance, that the rate of hospital acquired infections have gone down.

In Britain, for an acute hospital, the rate is generally 10 per cent for such infections, and the first study at the Prince of Wales when the hospital was only partially opened showed a rate of eight per cent.

Since then it has gone up to 10 per cent and dropped back to seven and 7.75 in the last two surveys.

In comparison, the rate of community acquired infections, those which patients would get irrespective of whether they stay at home or go to hospital, have stayed constant at 15 to 16 per cent.

Prof French said the hospital's control of infection program has not been helped by the Government's inability to provide the number of microbiologists needed for the department.

The hospital has to make do with only two medical officers in the microbiology department although the full

complement of staff should include a senior medical officer and another medical officer, two posts which have never been filled since May 1984.

Prof French noted that although some of the other hospitals have to get by with just one microbiologist, the Prince of Wales needs four because it is a teaching hospital and because it runs its own virology department which other hospitals do not.

"We've got no one in virology - the work's all done by Chinese University staff who are supposed to be teaching and doing research," he said.

According to Prof French, MRSA has to be continually monitored at the Prince of Wales because treatment methods are expensive for the hospital and toxic to the patient and the serious infections can often be life-threatening as well.

In a recent study comparing blood poisoning cases caused by infections of staph organisms resistant or sensitive to normal antibiotics, for instance, it has been found that the average cost of antibiotic therapy for MRSA cases is \$5,000 a patient.

This compares with \$700 for those caused by staph germs sensitive to normal antibiotics.

The prolonged length of hospital stay, which again increases the expense of treatment, for MRSA infections is 22 days, about double the length for the other cases.

The mortality rate for MRSA infections is also much higher - 31 per cent compared with 10 per cent.

Prof French, however, sounded a

warning against over-reliance on quinolones, a new family of antibiotics which have just come on the market, and one of the few which is effective against MRSA.

The first patient at Prince of Wales to be treated with quinolones, for instance, was found to have developed two separate organisms both resistant to the new antibiotic after only 10 days of treatment.

Moreover, quinolones could not be prescribed for children or pregnant women because of potential side effects, and the drug is also not suitable for everyone because of its potential toxicity.

"The control of MRSA is not by antibiotics," Prof French said.

"The more antibiotics you use, the more likely MRSA will further colonise patients."

This often occurs in hospitals when the organism can thrive on the bodies of patients, such as in his nose or on his skin without actually infecting them.

And the higher the number of patients thus colonised, the higher the chance of them becoming actually infected.

"You can't control antibiotic resistance by giving more antibiotics," Prof French said. "If you use antibiotics, you get more organisms and you get more cross-infections."

The best control procedure against the spread of the organism is by strict hand washing so that staff could not carry the germ from one patient to another in the course of their duties.

/9274

CSO: 5450/0119

GOVERNMENT TO LAUNCH NEW CAMPAIGN AGAINST AIDS

First Strong Attempt

Hong Kong HONGKONG STANDARD in English 14 Mar 87 p 1

[Article by Agnes Lam and Amanda Agee]

[Text]

THE Government is launching a new campaign to warn the public about the dangers of AIDS — a warning that follows a new death here from the disease and which comes amid growing fear in Hongkong over contracting it.

A Government official said yesterday social workers, teachers, medical staff and journalists, will be equipped with knowledge about the disease to help spread accurate information to the public.

These "intermediate" groups of people will be invited to attend seminars and talks on the disease in the near future under the Government's long-term publicity campaign.

"This disease is very dangerous and can be easily overlooked because the incubation period may go up to seven years," said Health and Welfare (Medical) Principal Assistant Secretary Wilfred Tsui yesterday.

The new campaign is the first strong attempt to warn the public here about the dangers of AIDS (acquired immune deficiency syndrome), which is wreaking havoc around the world.

So far three locals have died of the disease; an African diplomat — stationed in Beijing — who died in Hongkong last week was also suspected to have suffered from AIDS; and an American tourist involved in a traffic accident was recently tested for the disease after he told doctors he was infected.

In both cases the Government never officially said if either suffered from the disease.

The new pamphlet replaces a previous message handed out in health clinics, which had down-played the threat.

"For the general public, there is no need to worry about contracting the disease," stated a Hongkong Government pamphlet that had been printed two years ago.

The new campaign also comes amid growing concern in Hongkong's homosexual and heterosexual communities about contracting AIDS through casual sex.

In recent visits by *The Standard* to homosexual and (heterosexual) singles bars and seedy nightspots, reporters found a shifting of sexual mores brought on by fear of the disease.

"If you are going to sleep with every guy you meet, there is a good chance you will get AIDS," said Nigel, a homosexual interviewed in one of Central's gay bars. He asked that his surname be withheld.

In an interview with *The Standard* yesterday, Mr Tsui said the main thrust of the new publicity campaign is to warn the public about AIDS and advise them on precautions.

He said public seminars and talks for social workers, teachers, medical staff and journalists will be on top of other publicity measures planned.

He revealed that about 100,000 copies of a 11-point pamphlet on AIDS will be distributed through various channels next month. More will be published if the demand cannot be met.

The pamphlet will remind the public that AIDS will not spread through casual contact, such as shaking hands, sharing meals or swimming in public pools.

It also tells the public that a family member of an affected individual — except for the spouse or sexual partner — are not at high risk, but advises that some precautionary measures should be taken since there is a chance of contamination through blood.

The updated version also reminds people of the Government's special telephone enquiry service.

To allay fear of AIDS being transmitted through acupuncture, tattooing, ear-piercing, manicures and shaving, the Gov-

ernment recommends disposal or sterilisation of needles or sharp instruments after use in these activities.

The pamphlet — brainchild of the Inter-departmental Committee on Education and Publicity of AIDS — is aimed to alert the public about the disease.

"Patients and carriers may spread the disease unintentionally and unknowingly," said Mr Tsui, therefore it is important to tell people what AIDS is and the precautionary measures that should be taken.

The Government says 72 people in Hongkong are known to have been exposed to the AIDS virus and could be carriers of the disease.

More Statistics

Hong Kong HONGKONG STANDARD in English 14 Mar 87 p 12

[Text]

Although only 72 people in Hongkong have been diagnosed as exposed to the AIDS virus since the first case was identified in 1984, experts here are afraid that the actual numbers could be much higher.

With an incubation period anywhere from 3 to 10 years, the Deputy Director of the Medical and Health Department, Dr S H Lee has warned that an unknown number of AIDS carriers may still be undetected in the territory.

Officials of the World Health Organisation estimate that between five and ten million people worldwide now carry the AIDS virus, and that as many as 100 million will become infected in the next ten years.

Dr Lee says there is no guarantee that the identified exposures here are not just "the tip of the iceberg."

At present, 44 of the confirmed cases in Hongkong are haemophiliacs who were exposed via blood transfusions. Of the remainder, 10 have admitted to being homosexual, one is bisexual, and three are heterosexuals who said they had contact with prostitutes while travelling abroad.

Evidence now suggests that at least 50 percent of those who are exposed to the virus will contract the full-blown disease.

Three of the AIDS cases died in 1985, and last week, the Medical and Health Department reported that a fourth man, believed to be the African diplomat recently flown here from Beijing, had died from the virus.

The Government refuses to confirm whether the diplomat had AIDS, although the Medical and Health Department disclosed earlier that he had undergone the AIDS test.

More than 38,000 people from high-risk

groups have been tested for the virus since April 1985, with the majority of them being treated for venereal disease at social hygiene clinics, where an AIDS blood test is compulsory.

Despite indications that the 72 cases may only represent "the tip of the iceberg," the Government has taken a cautious stance in educating the public about the escalating threat of the disease.

The Government operates an AIDS enquiry hotline, and advertises its existence over radio and television.

At present, however, the television ads are aired at an average rate of four times a week, and other public announcements, such as crime and fire prevention, road safety, and anti-drug abuse, take precedence during prime-time hours.

"In the local context, these things are still more important than AIDS," said George Yuen, Acting Assistant Director of Government Information Service.

When and how many radio announcements are broadcast are left to the discretion of the station.

A special public information "exercise" is scheduled to take place beginning next month, and Mr Yuen said that television and radio advertisements would then be aired more frequently.

The exercise, expected to last between six and seven weeks, will be supervised by a publicity and Public Education Committee, and will be chaired by Dr Lee.

The actual format of the exercise has not yet been announced, but Mr Yuen said it probably would not be as hard-hitting as the "alarmist" approach employed by the United Kingdom.

"The situation is different in Hongkong," said Mr Yuen. "People here have more conservative attitudes towards sex."

HEALTH OFFICIAL DISCUSSES AIDS, TUBERCULOSIS

Hong Kong SOUTH CHINA MORNING POST in English 28 Mar 87 p 2

[Article by Tsang Shuk-wa]

[Text]

SUBTLE hints rather than explicit suggestions will be used to warn against promiscuity in the Government's publicity drive against AIDS, according to a top medical official.

The Acting Director of the Medical and Health Department, Dr Rudy Khoo, would not confirm whether the publicity campaign would promote the use of condoms to prevent the spread of the fatal acquired immune deficiency syndrome.

But he would not be surprised to see condoms advertised on television.

The *South China Morning Post* reported yesterday that the Television and Entertainment Licensing Authority was considering allowing advertisements for condoms as the AIDS scare mounts.

The measure coincided with the official publicity drive which was reported to have dropped the idea of promoting the use of condoms.

Dr Khoo said: "The deci-

sion to allow condoms to be advertised on television is in the hands of TELA.

"But I note that in countries such as the United States and the United Kingdom, the code has already been relaxed to allow condoms to be advertised on the air," he said.

He said huge posters in subway stations and half-page advertisements in newspapers would be paid for to put across the message: "Don't be sexually promiscuous".

Educators would be instructed to coin inoffensive phrases to inform students all about the killer disease as a part of sex education.

Drug addicts would also be reached through the methadone clinics and informed of the hazards of the virus being transmitted through needles, he said.

Meanwhile, Dr Khoo told the annual general meeting of the Hongkong Tuberculosis, Chest and Heart Diseases Association that lung cancer

was an increasing health problem.

He said 1,743 lung cancer victims died in the first six months of 1986, 150 more than in the same period of the previous year.

He blamed smoking as the major single cause of cancer deaths.

The Council on Smoking and Health and the Government had implemented intensive measures to discourage smoking, said the medical chief, who is also the president of the association.

Tuberculosis, on the other hand, had become less of a problem as the number of new cases continued to decline last year: 134.3 people per 100,000 population were reported to have contracted TB last year, compared with 139.1 in 1985.

However, the medical authorities were still maintaining all TB preventive and control programs as the proportion of sufferers was still higher than in other advanced countries, Dr Khoo said.

The Government had committed an additional \$88 million to the massive redevelopment of the Ruttonjee Sanatorium, a lung disease specialist clinic.

The extra budget, which inflated the total development cost to \$246 million, would add two storeys for another 24 general and 152 infirmary beds to boost the total capacity of the hospital to 614 beds when it was finished by 1989, he said.

The redeveloped hospital would be next to the present address in Queen's Road East in Wan Chai.

/9274

CS0: 5450/0121

PAPERS REPORT DEVELOPMENTS IN CAMPAIGN AGAINST AIDS

Ministers on Steps Taken

Calcutta THE TELEGRAPH in English 6 Mar 87 p 5

[Text]

Calcutta, March 5: The state government has not yet taken any steps to implement the Centre's instructions on screening foreign students in the city for the AIDS virus.

"Blood samples from the state-run hospitals and blood banks have not yet reached us," the director of National Institute of Cholera and Enteric Diseases, Dr. S.C. Pal, said. Doctors conducting research on AIDS in the city felt that it was vital to send the samples to the institute as there were no facilities for screening blood either in the hospitals or in the blood banks. A patient buying blood from the hospital blood banks "can never be sure, whether the blood being given to him is infected with any kind of virus or not," the doctors said.

The institute's attempts to test the blood samples of the sexually-transmitted disease clinics of the government hospitals have also been ignored. The blood samples of patients visiting these clinics were "essential as there are homosexuals among them," they said. Recently some experts of the institute voluntarily collected blood samples of homosexuals from the STD clinic

of the National Medical College and Hospital but there were no positive cases," Dr Pal said.

He said it was, however, not possible to continue such voluntary tests without the cooperation of the hospitals. "It is their moral duty to send samples for testing," he added.

The state government has, meanwhile, ignored the Centre's directive on foreign students. Except IIT, Kharagpur, which has sent blood samples of 87 foreign students for AIDS screening, none of the other state-run university including Calcutta and Jadavpur universities have complied with the directive.

Moreover, the only AIDS case detected in the city last year, Pyaribai, a prostitute from Wataribai in the Port area, has vanished after her release from the Presidency Jail on November 7. It was rumoured that she had gone back to her native village in Bilaspur, Madhya Pradesh. "But when contacted, the local police also failed to give any information about her," a senior police official said. Efforts are still on by the city and Madhya Pradesh police to trace the woman.

Further Review, Students' Apprehensions

Calcutta THE TELEGRAPH in English 8 Mar 87 p 9

[Article by Yubaraj Ghimire in New Delhi, Lekha Dhar in Bombay, and Sudipt Dutta in Calcutta]

[Text]

Barely two months after India commemorated the 75th birth anniversary of the African National Congress and saluted its heroes for their brave struggle against apartheid with all promises to support it, about 200 African students held a demonstration in Delhi charging the government of India of indirectly pursuing a policy of apartheid. "Africans are not guinea pigs for AIDS" and "AIDS knows no race and colour" were among the slogans the agitated Africans shouted while parading the main thoroughfares of the capital on February 17.

The demonstration followed the government's decision that all foreigners enrolled in colleges and universities in India would have to be tested for AIDS and that they would be expelled unless they produced no-AIDS certificates. The foreign students, particularly those of African origin, are incensed that the very government championing the end of apartheid is supporting the theory that AIDS comes from Africa—coined by "Whites with a racist motive." A sense of insecurity has gripped many but others have resolved to fight back. However, since they are supposed to go through the AIDS test before the commencement of new semesters and sessions they have presented themselves for the test before the doctors and the medical centres prescribed by the government, albeit under protest.

Paul Oranga, a student of English literature from Kenya enrolled in the School of Languages at Delhi's Jawaharlal Nehru University (JNU) said, "We really don't know why the government has picked only on foreign students. I do not find any substance in the argument that Africans or Blacks are

more prone to the dreaded disease than anyone else." He added that he underwent the test at the All India Institute of Medical Sciences (AIIMS) "only because we have enormous respect for the government of India—it has given us support and even a seat or scholarship in the university."

In Bombay, nearly a fortnight after the University enforced the Centre's directive and sent a medical team to test foreign students, a feeling of suspicion and outrage still lingers. "Why are we being singled out? Why not other students? Why not other high risk groups like foreign-returned Indians and tourists—or are you afraid of losing foreign exchange?" are the questions being hurled at the University and the government.

But the protests notwithstanding, the Centre's action has already resulted in 11 students being found to be AIDS victims: six were from Kenya, four from Tanzania and one from Malawi. Of them, five have died. Two cases were detected in Maharashtra while one each were found in Gujarat, Andhra Pradesh, Delhi and Jammu and Kashmir.

The Centre has since taken the following steps:

- A cell has been established in the Directorate-General of Health Services to coordinate AIDS control activity in the country.

- 27 surveillance centres have been established in the country to screen high risk groups. In addition, four referral centres where higher level diagnostic facilities for AIDS are available, have been set up.

- Restrictions have been imposed on the import of blood and blood products which must have an AIDS clearance certificate.

- All the state health authorities, hospitals and Sexually Transmissible Diseases

(STD) clinics have been alerted to look out for AIDS.

- All blood banks have been instructed to screen professional blood donors.

- All state health authorities have been advised to ensure strict sterilisation practices in hospitals and clinics, and to use pre-sterilised disposable syringes and needles as far as possible.

- All mass media channels have been involved in spreading awareness about AIDS, its nature, transmission and prevention.

The guidelines from the health ministry are:

- All foreign students should get health checks from the nearest civil surgeon, chief medical officer (health) or superintendent of district hospitals within a month of arrival.

- Till the results are communicated, students will be provisionally admitted. On producing a fitness certificate, admission will be confirmed.

- A student found unfit due to any disease other than AIDS can continue to study.

- One found sero-positive for AIDS after the enzyme-linked immuno-sorbent assay (ELISA) test should be declared unfit and put under surveillance. (This is the preliminary but not conclusive test). If found positive by the confirmatory Western Blot test, admission shall be cancelled and the student will be repatriated to his country. If found negative by the Western Blot test, the student can be given a fitness certificate to resume studies.

- The results should be confidential and blood and serum samples should be sent to the nearest identified surveillance centre.

While most of the state governments are implementing these guidelines, AIDS is fast emerging as yet another friction spot between the Centre and the West Bengal government. The problem started after the Centre sent AIDS testing kits to the National Institute of Enteric Diseases in Beliaghata, east Calcutta. Haematologists, of the state blood banks and the School of Tropical Medicine felt that since they had been working

on blood diseases like kala-azar, malaria, venereal diseases and hepatitis, they were best suited for the AIDS hunt.

Nevertheless, the tests were conducted with much fanfare on the prostitutes in Wadgunge, resulting in the celebrated case of Pyari Bai, who was found to be carrying the AIDS virus.

Despite the Centre's notification about the tests on foreign students, only the IIT, Kharagpur, where 87 students have been tested, has responded. Jadavpur University and Calcutta University, which have sizeable foreign student populations, have, for reasons of their own, failed to get moving. Dr Dilip Bhattacharya of the Bhoruka blood bank said the decision to have the tests was not wrong. "Indians going abroad have had to submit to inoculations for many years and Indian women have had to submit to virginity tests in London," he observed. He said certain African countries were thought to be the original home of AIDS but they had refused to admit the existence of the disease.

The AIDS issue was actually resurrected when the Union department of education sent a circular to the vice-chancellors of all universities on January 23, 1987. Marked "confidential", and signed by Mr P.N. Dhar, joint education adviser, it said, "This is in continuation of my earlier letter dated 12, August '86, wherein the need for screening of foreign students studying in Indian universities was emphasised." Observing that some universities had responded, the circular requested that "all necessary steps be taken to detect the incidence of AIDS among foreign students." It advised that the matter be handled in "a discreet and confidential manner" because unnecessary publicity had distressed the students and their embassies. The circular said colleges in the universities' jurisdiction should be informed.

There are about 2,000 foreign students, nearly one-fourth of them Africans, studying in

India. A senior official in the Union health department said the "Black apprehension" was unfounded. Every non-Indian student has to go through the test. Mr Koshal Regmi, an M. Phil student from Nepal currently enrolled in JNU, corroborated the government version. He said he and all the other foreigners, including some "Whites", had undergone the test. It is not a "pick and choose" system though there is a general feeling that even Indian students should be tested. "It is a communicable disease and they can't be immune," goes the argument.

Southern African students in Delhi University, whose number exceeds 150 almost unanimously feel the test is "discriminatory." One student said, "We have genuine apprehension that it is a White ploy to deport us before we complete our studies." Around August last year, Africans studying in Jabalpur were asked to undergo the test. Three of them were found to show positive AIDS symptoms and were deported. But when they were examined by a United Nations expert in Kenya, the report indicated negative symptoms. This has given rise to a feeling of "mistrust" about the Indian government which they feel, is deliberately maligning them. There is a feeling that even the 11 positively identified cases are similar to the ones "detected" among the Africans in Jabalpur.

At the AIIMS, Dr Malaviya conducts the blood test and submits the confidential report directly to the government or the medical officer of the college or university concerned. Students feel that such "confidentiality" adversely affects the individual's psychology as "any case could be made out. The tests in hospitals are never foolproof."

On the notice board of the International Students Hostel (ISH) on 'C' Road, near Churchgate in south Bombay, is a notice dated February 21 informing students that a team of medical experts would be available for "discussion and consultation" the next day. They would collect samples "on a voluntary basis" but those who wished to undergo

"the required test" could do so at any recognised centre and produce the necessary certificate in "the specified time period." The notice is mild but the reaction it has provoked is far from it.

According to a member of the ISH executive council, the issue has been grossly mishandled by the government. "They sent three doctors here on February 22, two of whom were from JJ Hospital. The students protested loudly after the the vice-chancellor, Ms Bengalee, introduced them. Instead of pacifying them, one of the doctors shouted back and said, AIDS is prevalent in your countries and that is why we have to test you."

Earlier, the students of ISH, on learning about the imminent AIDS test, held a general body meeting on February 16, where a set of demands was listed. These included that not only students but all foreigners and foreign returned Indians, be tested and secondly, that those testing should be experts certified by the World Health Organisation. Kenyan students, repeating the claim of their counterparts in Delhi, said persons stated to be AIDS-positive were found responding negatively to the tests when sent back to Kenya. The students also demanded that the equipment used should be the latest. These demands were presented to Ms Bengalee the next day, but she felt there was no alternative.

The day prior to the tests, the vice-chancellor said heads of institutions would be informed that they should be conducted on a voluntary basis. But according to a student from a Gulf country, by night banners saying things like "test your own people" were being put up. Angry students greeted the medical team on Sunday and even dissuaded female students who did not object to giving the test.

Dr I.S. Gilada of the JJ Hospital, who runs the AIDS clinic said, the students' apprehension about the equipment is justified considering the 500 kits imported last year from the Wellcome Company of UK, which were not utilised properly, have expired. He said a camp had been planned

for both Indian and foreign students at an official meeting on January 27 but only the latter were to be tested for AIDS.

The Maharashtra government has a slightly detached view. The health secretary Mr D.T. Joseph said the state would intervene only if the Centre requested it.

However, a Bombay University spokesman, who said he had gone to pacify the students, felt the tests were discriminatory. "There are over one lakh students and of them not more than 400 are foreigners so this kind of thing is unnecessary... We will not force them," he said. In 1984-85, 283 foreign students were enrolled in the University, of which 94 were girls. Most were from Nigeria, Iran, Kenya and Tanzania. The country-wise break-up remains similar this year though students estimate that nearly 800 foreigners are enrolled in the different colleges and institutes which come under the University.

According to Dr Gilada, over 35 students have come to the JJ AIDS clinic voluntarily for tests so far. He says the samples have not been analysed yet. A student of St Xavier's College in south Bombay, which has about 70 foreign students, says some are getting the tests done through the college or privately.

There are some among the foreigners who have supported the tests. US students from JNU have been trying to convince other foreigners that there is no point in objecting. The Students' Federation of India (SFI), student wing of the CPI(M) however, charged that the government, despite a circular that all foreign students would undergo the test, victimised only the Africans.

Embassies of the countries whose students have been subjected to the test have no reaction to offer. Even the university authorities feel helpless saying it is a "government decision" and "we are just implementing it."

"The Indian government should settle this by asking for an AIDS-clear certificate as mandatory for admission, instead of going about it in this manner," says an Iranian student doing his doctoral thesis in Bombay.

Dr Bhattacharya of Boruka said tests would have to become mandatory for tourists and other categories of visitors. He pointed out that AIDS was not endemic to the local population and unless steps were taken to keep the disease out, Indians would be easy prey for the virus, especially considering the high levels of malnutrition here.

But there are other points of view. Each AIDS screening test costs more than Rs 100 and requires imported kits. It is not definitive yet. Doctors say that unless there is a campaign on all fronts, it will be pointless to concentrate on students. They point out that school-leavers have a lower chance of carrying AIDS since they are not likely to have been as sexually promiscuous as older people. On the other hand, sexually promiscuous categories like seamen can enter the country and mix with the local populations without let or hindrance. One doctor pointed out that the authorities had not even been able to wipe out simpler sexually transmitted diseases because the law did not permit recognition of the prime carriers—prostitutes. He said AIDS would have to be controlled along these same links of the chain.

Situation in West Bengal

Calcutta THE TELEGRAPH in English 6 Mar 87 p 5

[Text]

New Delhi, March 5: The Centre has issued instructions to all agencies concerned to screen professional blood donors and foreign students in India in an effort to contain the scourge of AIDS, the Lok Sabha was informed today.

Eleven AIDS cases were detected among foreign students and all universities and states have been instructed to screen both old and new foreign students.

Answering a spate of queries during question hour, the minister of state for health, Ms Saroj Khaparde, said surveillance figures had indicated 86 cases of AIDS so far, of which five full-blown AIDS victims had died. Of the six full-blown AIDS cases, two were reported from Maharashtra and one each in Gujarat, Jammu and Kashmir, Andhra Pradesh and Delhi.

Intervening during supplementaries, the minister for human resources development, Mr P.V. Narasimha Rao, said African students were not being discriminated against while conducting AIDS tests. It so hap-

pened that the largest number of students were from Africa. "There is no question of discrimination against any student from any continent or community," he said. Of the 32,000 AIDS test conducted in the country, only about 1,000 were foreign students.

Asked whether foreign tourists and Indians returning from abroad would also be subjected to AIDS tests, Mr Rao said there were practical difficulties and it would be difficult to enforce such tests but the government was studying the matter.

Detailing the steps taken by the government to control AIDS, the minister said all blood banks in the country had been instructed to screen professional blood donors. Restrictions have also been imposed on import of blood and blood products without AIDS clearance certificate. The government has set up 27 surveillance centres to screen high-risk groups. In addition, four referral centres—where higher level diagnostic facilities for AIDS are available—had also been set up.

Rajya Sabha Discussion

Bombay THE TIMES OF INDIA in English 12 Mar 87 p 15

[Text]

NEW DELHI, March 11 (PTI).

AIDS test for foreign students would be held simultaneously with the admission tests by universities in India from the coming academic year, the human resource development minister, Mr. P. V. Narasimha Rao, told the Rajya Sabha today.

If the test proves positive then the student will not get admission to the university, he said replying to a batch of supplementaries.

Closely questioned on the recent agitation by African students on AIDS tests being discriminatory, he said,

there was no discrimination against students of a particular country. India was only falling in line with other countries in taking these steps which had become necessary as "it was a question of human life."

STUDENTS' PLEA: The AIDS test would be mandatory for tourists staying in India for more than a month, he said.

Replying to the main question from Mr. Gopalsamy and Mr. K. Gopalan, the minister of state for health, Ms. Saroj Khaparde said, 18 foreign students at Aligarh Muslim University had undergone the AIDS screening tests.

/13046

CSO: 5450/0114

FIRST CASE OF AIDS IN UTTAR PRADESH DIAGNOSED

Bombay THE TIMES OF INDIA in English 13 Mar 87 p 6

[Text]

LUCKNOW, March 12.

THE first case of AIDS in UP has been identified in the King George's Medical College here.

The virus of the dreaded acquired immune deficiency syndrome was detected a few days ago by Dr. Anoop Kumar Wahal, a well known surgeon of the King George's Medical College.

The victim, a non-resident Indian in his late 20s had been facing anemic conditions combined with recurrence of ulcers in different parts of the body for the past 18 months or so. Despite various investigations carried out in different hospitals in Central Africa from where he hails, the lethal virus could not be detected.

Symptomatic treatment gave him brief spells of relief but his troubles aggravated with the passage of time and ultimately he rushed to Lucknow, his hometown.

Prof. T. C. Goel of KGMC was the first doctor, he contacted in the state capital. However, Dr. Goel preferred to consult Dr. Wahal, whose three-and-a-half year recent association with a well-known British hospital in Middlesex, London had given

him enough exposure to cases affected by AIDS.

"Going into the family history of the patient provided me sufficient evidence to suspect the disease", says Dr. Wahal.

Due to non-availability of the much-awaited AIDS testing kit in U.P., Dr. Wahal rushed the patient to the All-India Institute of Medical Sciences (AIIMS) where the diagnosis was confirmed after an Elisa (enzyme immune sorbent assay) test.

Although the patient has already been put on Zevirox treatment (the French innovation) which is still in an experimental stage even in the West, it will be a few months to even years before it could be affirmed whether the patient is responding.

Dr. Wahal does not rule out the possibility of more such cases of AIDS in U.P. He feels that there are more ways than one for the transmission of the disease.

"Physical contact is only one of the reasons, while the most common manner of transmission of the virus could be through injection needles", he pointed out.

/12379

CSO: 5450/0113

ALLEGED SWISS DRUG DEALER SUFFERS FROM AIDS

Calcutta THE TELEGRAPH in English 8 Mar 87 p 5

[Text]

New Delhi, March 7 (UNI): The Union home ministry today ordered the immediate deportation of an undertrial Swiss national found suffering from AIDS.

Decks for the deportation of Christian Kasza, 29, facing trial for indulging in drug peddling, were cleared after Delhi's additional sessions judge, Mr O.P. Diwedi, allowed the state to withdraw the case against the accused.

Earlier, the state counsel, Mr C.P. Nanda, had moved the court seeking permission to drop the case on the plea that the disease

the accused was suffering from was hazardous and infectious.

The accused is to be immediately sent back to his country to prevent others from catching AIDS. The court was also informed that the withdrawal of the case was being sought under orders of the Union home ministry and the permission of the home secretary. The Delhi administration's permission had also been sought.

If convicted, Kasza could have been awarded 10 years imprisonment and a fine of Rs 1 lakh. Mr Nanda also told the court that Kasza was a positive case of

AIDS and that it had been confirmed both by the Switzerland government as well as doctors of the All-India Institute of Medical Sciences (AIIMS) who had examined the patient.

A Swiss plane was ready to take away the accused, the court was informed. He is likely to be deported either this evening or tomorrow morning.

Kasza was arrested by the Paharganj police on August 17, 1986 after recovery of 70 gm of heroin from him. He was on interim bail till the end of April on medical grounds.

Mr Diwedi allowing the state to withdraw from the prosecution of the case, held that the state plea was "most unexceptionable and must be allowed."

It is the first time in India that an undertrial is being deported after having been found suffering from AIDS. Kasza's medical report was earlier summoned by the court on March 10 but the Paharganj police station house officer, Mr Vijay Malik, made frantic efforts to expedite deportation of the accused. The DCP (central), Mr U.K. Katna, was directed by the home ministry to complete the formalities immediately.

/12379

CSO: 5450/0112

BRIEFS

MADHYA PRADESH AIDS CASE--The Madhya Pradesh Government has isolated Pearibai, the woman who was found to have been carrying AIDS antibody by the National Institute of Cholera and Enteric Diseases in Calcutta several months ago. The woman went back to her home State following a controversy in West Bengal. Even those staying with her in the city jail where she was kept in isolation were reluctant to live in her proximity. Stating this in Calcutta on Thursday, Dr C. Pal, Director, Niced said that an ICMR expert who had recently come over to the city from Madhya Pradesh had given him this information. The expert told him that five African students, enrolled in a Jabbalpur College, had been found to be infected and arrangements were being made for their deportation. Dr Pal said his institute had recently received 87 blood samples from IIT, Kharagpur. In none of them was the AIDS antibody found. [Text] [Calcutta THE STATESMAN in English] [6 Mar 87 p 15] /12379

CSO: 5450/0115

NIGERIA

BRIEFS

AIDS DISCOVERED--Lagos -- Nigeria has identified the first two cases of the deadly blood disease AIDS. According to Health Minister Olikoye Ransome-Kuti, the victims were "two healthy Nigerian female prostitutes" who were detected in a nationwide test of more than 5,000 individuals. "I urge Nigerians to exercise the utmost restraint in their sexual habits," Mr. Ransome-Kuti said on television Tuesday night. It was the first survey of AIDS incidence for Nigeria, Africa's most populous country with an estimated 100 million people. (AFP) [Text] [Addis Ababa THE ETHIOPIAN HERALD in English 19 Mar 87 p 6] /13046

CSO: 5400/155

REPORT ON LEPROSY SHOWS EXTENT, CONTROL EFFORTS

Islamabad THE MUSLIM in English 6 Apr 87 p 6

[Article by Talat Naqvi]

[Text]

KARACHI, April 5: A survey recently conducted shows that about 20 per cent of the leprosy cases recently detected in Sind are reported to be Afghan refugees. For example in district Sanghar of the 125 patients 21 were Afghan muhajirs.

There are, the survey reveals, 32000 known leprosy cases in Sind of whom 2400 were detected in 1986. They say that with the influx of Afghan refugees in Pakistan the incidence of leprosy has gone up. NWFP and Karachi have been the main targets of the dreadful disease.

In Karachi there are 9 control centres including the main Mary Adelaide Leprosy Centre. These centres perform various functions such as door-to-door surveys which is a time consuming and a rather arduous drill. Additionally, cases are formally registered in these centres, drugs are administered to the patients and those needing more expert treatment are sent to the Adelaide Centre. An 'awareness' programme is also being launched to educate masses about the disease. Under this programme volunteers go to schools with literature to educate teachers and students both about the disease. Occasional checks are also carried out in schools to see if any of the children are suffering from the ailment. Those found afflicted are registered, treated and later their families are also examined.

In 1981 of the 44000 school children examined, 81 cases were

'located'. This survey was conducted in the Landi-Korangi area. However, Dr. Fazal Bhoy felt that such surveys were not always possible for a variety of reasons. One is that Centre has neither the required resources nor manpower to do survey on a more regular and comprehensive basis.

When it comes to detecting the disease and the patients, it is interesting to mention here that poor and uneducated people do not dread the disease. They willingly submit to diagnosis and subsequent treatment. But the 'educated' and 'privileged' classes are not easy to handle. They try to hide the disease, perhaps under the impression that its discovery would bring social degradation.

It may be recalled that once before the city of Karachi faced a similar problem. In 1971 after the fall of Dacca, refugees from that part stormed Karachi. They reportedly carried leprosy germs. Then in those days, the Mary Adelaide Centre did a splendid job. It sent its workers to examine all immigrants provide them temporary shelters and register and treat them.

Talking of now, it initially appeared that the NWFP would be hardest hit area by the disease as the refugees were first settled in cities. But the disaster was, fortunately, averted later when the refugees were dispersed in the camps outside the

cities. And most of those who carried the disease were examined and treated.

Here in Sind refugees have moved south and are living in remote areas of the province where it is difficult to register all of them and treat them mainly because of poor medical facilities available in the interior.

Pakistan hopes to eradicate leprosy by the year 2000. It is, as such, taking to achieve the desired goal.

The question most often asked is "Is leprosy curable?" The answer given by Dr. Zereena Fazal Bhoy, a renowned dermatologist closely affiliated with the Mary Adelaide Centre is a clear and unambiguous 'yes'.

The 'Multiple Drug Regimen' (MDR) has been introduced since 1983 and has proved a very effective medicine for the cure of leprosy. Patients have been totally cured with this medicine. "The drug may have been a story of success but there is a lot of work involved and to be done. Trained volunteers are required to administer the drug as otherwise it can have ill-effects.

Dr. Fazal Bhoy in a talk with THE MUSLIM listed a number of problems that the Centre faced and hoped that the government will solve these. He said "today the Mary Adelaide Leprosy Centre has branches in all major cities of Pakistan and doctors send their cases to these centres for help". Hopefully we will achieve our goals", he concluded.

VIRAL HEMORRHAGE CASES DETECTED

Two Deaths Reported

Lahore THE PAKISTAN TIMES in English 6 Apr 87 p 3

[Text]

QUETTA, April 5: Two cases of viral haemorrhage fever have been detected in Quetta during the past ten days and both of them proved fatal.

The first case of the nature admitted in a local private hospital claimed the life of surgeon Hamiduddin Warsi, who according to medical authorities, contacted the viral disease during the operation of the patient on Friday, March, 27. He was immediately shifted to Agha Khan Hospital Karachi where he remained under treatment for few days. Yesterday his condition deteriorated. He was

being removed to Midseast Hospital of Karachi for further treatment but he expired on the way before he could reach there.

It is further learnt from the medical authorities that the other fatal cases had been admitted in the surgical ward of the Civil Hospital, Quetta. The patient could not survive from the viral disease and the two newly-graduated doctors, doing the house job, also contacted the disease. Both of them are under treatment in this hospital and according to doctors attending them they are progressing satisfactorily.—APP.

Team Probes Deaths

Lahore THE PAKISTAN TIMES in English 6 Apr 87 p 1

[Text]

QUETTA, April 5: A team of medical experts from the National Institute of Health, Islamabad, arrived here today to investigate into the causes of haemorrhagic virus leading to the death of Dr. Hameeduddin Warsi at Karachi and of an Afghan national Abdul Rehman in Quetta, besides inflicting another, Dr. Atmar Siddiqui, and a nurse Azia in Quetta. Two other nurses Munawar and Nasreen, who also attended to the Afghan patient, have been quarantined here.

Provincial Health Director, Dr. Mohammad Iqbal told PPI here today the team would also visit village Mengal near here from where Afghan national Abdul Rehman was brought into a private hospital. He said the team would collect blood samples of the people in these areas to check symptoms of the outbreak of the disease.

The blood samples of the dead and the diseased would also be collected for detailed clinical test at the National Health Institute.

Dr. Iqbal said to start with operation theatre of the hospital where first case was brought for operation has been sealed pending full investigation by the team. Similarly, all public and private hospitals through out the province have been directed not to attend to patients having symptoms similar to the dead and the sick. Such cases, he said, would be strictly treated at the Provincial Civil Hospital here.

No Fresh Cases Said Reported

Lahore THE PAKISTAN TIMES in English 8 Apr 87 p 8

[Text]

QUETTA, April 7: A team of eminent medical experts led by prominent virologist of Pakistan, Mr. Manzoor Malik from National Institute of Health (NIH) Islamabad now on a visit to Baluchistan today went round a village near Pishin (about 35 miles away from here) where haemorrhagic virus had taken a toll of four lives.

The team also visited patients in Quetta and thoroughly examined them, collected necessary clinical data including their blood and suggested some remedial measures for their recovery from the disease. All patients have positively responded to the treatment. As precautionary measures, most of villagers have shifted to nearby villages.

In the meanwhile, Provincial Health Director, Dr. Mohammad Iqbal said here today that Baluchistan Government had sent out medical teams; to the suspected areas where disease had broken out in the past. These teams have found no fresh case in the past two days. Dr. Iqbal said according to medical history, disease is endemic which constantly or generally spreads in a place owing to local conditions it is easily curable.

He asserted that the disease was not at all epidemic and as such there is no cause for any concern. He said disease has claimed seven lives, one in Karachi and six others in Quetta and Pishin districts in all eleven persons were afflicted. The afflicted patients after necessary medical aid are on road to recovery including Doctor Athar Siddiqui and Lady Doctor Zoya Iqbal in Quetta. He said, patients have been quarantined and all such persons as were in close contact with the diseased are also under constant medical vigil and so far none has shown any negative sign, he added.

According to another report from Lahore, medical scientists here have opined that five persons including one surgeon died in Baluchistan due to attack of Crimean Haemorrhagic Fever Virus (CHFV) known as "Congo Virus" which caused panic in Rawalpindi some years back and claimed lives of people and a surgeon Mateen Siddiqui.

The experts were of the view that because the apparent symptoms like high fever and blood vomiting were the identical causative agent of the disease is CHFV or Congo Virus.

It may be recalled that first such fatal cases of the CHFV or Congo

Virus occurred in Pakistan in February 1976 in the village of Takian, Tehsil Murree. At that time it attacked many persons including surgeon Mateen Siddiqui, who performed the operation on the first patient.

The virus caused concern among the health authorities as it was unidentified at that time. Even the doctors were afraid to

handle the virus patients and the doctors demanded "hazard allowance". The virus is spread mechanically by bites of ticks and mosquitoes from obligatory animal host where it normally lives and multiplies, and transmitted from animal to animal through its vector ticks, without causing harm to either.

The experts further said that the man is an accidental host in which virus damages the tissue causing haemorrhage, and usually proves fatal. It was then identified as CHFV/Congo Virus by Dr. Aslam Khan and his associates and by Col. Dr. M.I. Burney in March 1976.

The second epidemic of CHFV occurred in May 1976 in Mari/Bugti area, Baluchistan along the Sibi-D.G. Khan Road which was then under construction.—PPI.

/9317

CSO: 5400/4710

ONE MORE VIRAL HEMORRHAGIC DEATH REPORTED

Lahore THE PAKISTAN TIMES in English 10 Apr 87 Commerce Supplement p IV

[Text] QUETTA, April 9: One more patient fell prey to haemorrhagic virus here raising the total of death toll to eight.

At present there are three patients suffering from haemorrhagic virus here. Of them Dr. Siddiqi's condition had further improved today. He had assisted Dr. Warsi in conducting the operation of Abdul Rehman an Afghan national who was first brought to a private hospital with symptoms of haemorrhagic virus. Later the patient also died.

PPI adds from Karachi incharge medical cell Dr. Azim-ud-Din Kazi has urged that all medias should be used for educating and acquainting people with preventive measures against virus so that a common man could be able to safeguard his family against such affliction.

In a Press statement here today, Dr. Azim-ud-Din stressed the need for setting up laboratories to identify victims of virus. A team of doctors, if need be should also be sent abroad for research studies, he opined.

He emphasised the need of systematic planning the imparting specific training to doctors regarding diagnosis.

He pointed out that non-supply of clean water, unchecked breeding of mosquitoes, adulteration in food-stuff and columns of smokes emanating from vehicles and chimneys of factories were also contributing to deterioration of public health. The authorities should take notice of the situation so as to provide healthy atmosphere, he added. —PPI.

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CSO: 5400/4712

PLEA TO FIGHT TUBERCULOSIS ON 'WAR FOOTING'

Lahore THE PAKISTAN TIMES in English 14 Apr 87 p 7

[Text] KASUR, April 13: T.B. must be rooted out from the country at war level. It was desired by the prominent T.B. specialist and President of the Punjab T.B. Association, Dr. Amjad Riaz, while addressing regional T.B. conference in Jinnah Hall here. He disclosed that at present about 50 crore people are suffering from the disease and 30 lakh persons die of it every year in the world and seven lakh in this country. He suggested that necessary measures for its treatment must be carried out at international and national levels. He also asked people to join hands with the T.B. Association in this respect.

Dr. Maqsood Ahmad FRCP, Prof. of Medicine in Fatima Jinnah College, said that this disease is often found in poor class who cannot afford good hygienic living and rich food.

He urged the government to keep some amount for its treatment in the annual budget of local bodies. He also asked philanthropists to come forward for this national cause.

Dr. Capt. Javaid Hussain of

Kasur and Dr. Abdul Hameed Iqbal suggested that people having cough, fever, loss in weight or haemoptysis should get their sputum examined from the health units so that its treatment could be started at the earliest stage. MPA Sajida Begum Ansari urged the community to participate in this national Jihad. Haji Ghulam Sabir Ansari, MPA, donated Rs. 20,000 to the Association and also promised to bear 25 per cent expenses of the T.B. hospital on its completion. Ch. Abdul Aziz Bahamniwala and Riaz Ahmad Chaudri also donated Rs. 1000 and 10,000 respectively. Many more persons also donated amounts.

The Revenue Minister, Sardar Mohammad Arif Nakai, who participated as a guest of honour, showed concern over the rate of T.B. patients and mortality due to the disease. He directed the Deputy Commissioner to provide suitable Govt. land to the T.B. Association for the construction of the T.B. hospital. Later he distributed shields, gold medals and certificates to the office-bearers and workers of the T.B. Association, Kasur, from the T.B. Association, Punjab.

PAKISTAN

BRIEFS

ANOTHER VIRAL HEMORRHAGE PATIENT--One more patient inflicted by Congo virus was admitted to the isolation ward of Miss Fatima Jinnah TB Sanitorium here, raising the total number of patients to six. Hospital sources told PPI that the new patient was brought from a locality close to provincial capital.
[Text][Lahore THE PAKISTAN TIMES in English 14 Apr 87 p 7]/12828

CSO: 5400/4712

CHINA MAY IMPOSE MANDATORY AIDS TEST FOR FOREIGNERS

HK200738 Beijing CHINA DAILY in English 20 Mar 87 p 1

[Article by staff reporter Chen Guanfeng]

[Text] China will not impose mandatory tests for acquired immune deficiency syndrome (AIDS) on all foreigners in the immediate future, an official from the Ministry of Public Health told CHINA DAILY yesterday.

Sun Xinhua of the Ministry's Contagious Diseases Department said this is because China is short of qualified personnel and necessary facilities for such tests. "All the reagents we now use in such tests are imported," he noted.

But he said this does not mean that the country will not impose such tests later. "We are now considering giving AIDS tests to those foreigners who stay in the country for more than a year, including all foreign students," he said.

"As for those who stay less than a year in this country, they are encouraged to ask for such tests voluntarily in Beijing, Shanghai, or Guangdong Province."

Commenting on the reactions of foreign students to AIDS test, he said such tests would be mandatory. "We are just following the practice of many foreign countries," he said. "Such tests will not only prevent the spread of the killer disease but also provide its carriers timely information so that they may receive treatment."

He added: "We will not resort to administrative methods in imposing such tests on foreign students. What we will rely upon is persuasion and ideological work."

Sun said no Chinese AIDS patients had been found in the country so far and there had been only two foreign AIDS sufferers. One was an Argentine tourist who died in June 1985, and the other was military attache Bon Kouvo Eanca of the Zaire Embassy in Beijing, who died in a Hong Kong hospital on 4 March.

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CSO: 5400/4122

PEOPLE'S REPUBLIC OF CHINA

FIRST PRC AIDS DEATH REPORTED IN FUJIAN

HK011008 Hong Kong AFP in English 1004 GMT 1 Apr 87

[Text] Beijing, 1 Apr (AFP)--A Chinese man became the country's first AIDS victim when he died of the disease in the southern coastal province of Fujian last month soon after returning from the United States, a provincial health official said Wednesday.

"The man was sent to the provincial hospital for a medical check-up and was found to be suffering from AIDS (Acquired Immune Deficiency Syndrome)," said the deputy director of the Fujian Health Bureau, in a telephone interview.

The man was sent to a special hospital for contagious diseases in Fuzhou, the provincial capital, and "died soon afterwards," said the health official who identified herself as Mrs Cui.

Mrs Cui said the Chinese Health Ministry was "perfectly aware of the case" although Sun Xinhua, a spokesman for the ministry's Office for the Prevention of Contagious Diseases, said he had no information on the matter.

Until now, the only recorded AIDS-related death in China was that of an Argentinian tourist in June 1985. The Chinese press recently confirmed, however, that a diplomat from the Zairean Embassy in Beijing died of AIDS in Hong Kong early last month.

Last year, four Chinese haemophiliacs in Hangzhou, near Shanghai, were found to be carriers of the virus after receiving transfusions of blood products of U.S. origin.

Mr Sun said last month that China eventually planned to carry out mandatory testing for AIDS on all foreigners residing in the country but said that for the time being there was a lack of materials and qualified personnel. He said that all foreign students would be required to undergo the tests.

(A Hong Kong newspaper, the TIN TIN DAILY NEWS, reported Wednesday that the AIDS victim in Fuzhou was aged 36 years and that his death had led authorities to approve testing for AIDS on Chinese citizens returning from abroad. This could not be confirmed in Beijing, however.)

Analysts here said that news of the first Chinese victim of AIDS--if reported in the Chinese media--would come a psychological shock as officials had been proudly asserting that not a single Chinese had died of the virus. AIDS has claimed some 20,000 victims in the United States.

The Chinese press has carried an abundance of stories about AIDS, asserting that the deadly virus is the result of "sexual liberation" in capitalist nations and "a symptom of the decadence of capitalist societies."

Many western medical experts in Beijing believe that AIDS has a strong chance of developing in China because of the country's open policies--unless authorities take drastic preventative measures.

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CSO: 5400/4124

PEOPLE'S REPUBLIC OF CHINA

AIDS DEATH CONFIRMED; TESTING NOT EXPECTED

HK020457 Hong Kong AFP in English 0451 GMT 2 Apr 87

[Text] Beijing, 2 Apr (AFP)--The Chinese Health Ministry confirmed Thursday that a Chinese man who died in a southern hospital after his return from the United States was the first mainland victim of AIDS.

Sun Xinhua, a spokesman for the ministry's Office for the Prevention of Contagious Diseases, confirmed that the 36-year-old man returned to China at the end of last year to Fuzhou, the capital of the coastal province of Fujian.

Mr Sun, who said Wednesday that he had no information about the matter, claimed that the man did not have a chance to infect other people before he died. The name of the deceased man was being withheld on the request of his family, he said.

Mr Sun added that the authorities did not expect to approve testing for AIDS on all Chinese citizens returning from abroad. (A Hong Kong newspaper, the TIN TIN DAILY NEWS, reported Wednesday that the man's death had led to such tests being approved.)

The vice-director of the Fujian health office said Wednesday that the man died in a hospital specializing in the treatment of contagious diseases soon after he was diagnosed to have AIDS (Acquired Immune Deficiency Syndrome).

An Argentinian tourist died of AIDS in China in June 1985. The Chinese press has also reported that a diplomat from the Zairian Embassy in Beijing died of AIDS in Hong Kong at the beginning of March.

Last year, four Chinese haemophiliacs in Hangzhou, near Shanghai, were found to be carriers of the AIDS virus.

Many Western medical experts believe that AIDS has a strong chance of developing in China because of the country's open policies--unless authorities take drastic preventative measures.

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CSO: 5400/4124

PEOPLE'S REPUBLIC OF CHINA

VICE MINISTER ON BORDER QUARANTINE REGULATIONS

OW041106 Beijing XINHUA in English 1054 GMT 4 Apr 87

[Text] Shenzhen, 4 Apr (XINHUA)--Chinese quarantine officers and doctors located and examined 360 acquaintances of a foreigner who died of AIDS in China--the country's first reported case of AIDS death--and prevented the disease from spreading.

This was done immediately after the patient was discovered in 1985, according to a current meeting here on the implementation of China's "border quarantine law" which will become effective 1 May. The meeting opened Friday and will end Sunday.

Speaking at the meeting, Vice-Public Health Minister He Jiesheng stressed the need to improve the country's quarantine services at a time when China is opening wider and wider to the world.

He called attention to the danger of AIDS and other contagious diseases infiltrating into China through the 100 ports and border posts, noting that since 1979, an annual average of 800 foreign travellers have been identified as patients of 20 contagious diseases, and another 300 as virus or pathogenic germs carriers.

"Some diseases identified have long been wiped out in China," he said.

In addition to using modern equipment for quarantine services, China plans to improve the training of quarantine personnel. A special school will be set up in Dalian, northeast China, for the purpose, he said.

He also called on quarantine officers to raise efficiency and provide more convenience for people and transport vehicles crossing China's borders.

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CSO: 5400/4124

PEOPLE'S REPUBLIC OF CHINA

CHINA DAILY ON EFFORTS TO COMBAT VENEREAL DISEASE

OW210430 Beijing XINHUA in English 0147 GMT 21 Feb 87

[Text] Beijing, 21 Feb (XINHUA)--The incidence of venereal diseases (VD) has shown signs of increasing in China in recent years, CHINA DAILY reports today.

China has had to renew its efforts to combat these sometimes fatal diseases, claimed to have been virtually wiped out in the country in 1964.

The re-emergence of VD, coupled with more sexually transmitted diseases (STD), is posing a new challenge to Chinese medical workers, health officials were quoted by the paper as saying.

How to minimize the dangers of the diseases has become the main aim of the current national symposium on VD prevention in Guangzhou, capital of Guangdong Province.

The main reasons for the return of VD are accounted for in part by the influx of tourists who have brought the virus into China and in part by the occurrence of promiscuous behavior in the country, said Zhang Yifang, director of Treatment and Prevention of Endemic Diseases Bureau of the Ministry of Public Health.

Zhang told the symposium that China fought a successful battle against VD in the early 50's, when the new government took firm measures such as closing down brothels, making general prevention plans, setting up special institutions for VD treatment and publicizing the danger of VD, resulting in basic annihilation of the diseases by 1964.

However, most of the institutions were dissolved afterwards and medical workers responsible for the prevention and treatment of VD were transferred to other fields.

"As the re-emergence of VD over recent years is very much a social disorder as well as a medical problem, we now face the task of combining sociology and medical sciences in our attempt to prevent the disease from going out of control," said Ye Ganyuan, chairman of the National Consultative Committee on VD.

As part of the state's new attempt to check the spread of VD, the Ministry of Public Health has already built up 10 VD surveillance stations in major coastal cities. Six more are expected to be set up in the near future, Zhang Yifang said.

They have been given the necessary funds, staff and help in personnel training, he said.

Ye Ganyuan said the stations would "feel their way ahead and gain enough experience" so that their work experiences could be made known throughout the country as soon as possible, leading to the eventual formation of a national network on VD prevention.

The main work of the stations at present is to link local medical institutions and law enforcement departments so that prompt notification of the disease rate could be made, he said. Through medical check-ups on "special groups of peoples"--those who have been detained by the public security forces, kept in reform farms and sentenced to prison terms--health workers hope to track down sources of the diseases, Zhang said.

Special efforts would be made to include VD checks in all the physical examinations for all people planning marriage, entering military service and joining institutions of higher learning, he said.

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CSO: 5400/4122

PEOPLE'S REPUBLIC OF CHINA

SHENZHEN OPENS VENEREAL DISEASE CONTROL STATION

HK200540 Hong Kong ZHONGGUO XINWEN SHE in Chinese 1351 GMT 19 Mar 87

[Text] Shenzhen, 19 Mar (ZHONGGUO XINWEN SHE)--Shenzhen City has set up a monitoring station for prevention and control of venereal diseases. This is one of 10 established in different cities of the country by the National Venereal Disease Prevention and Control Center.

The station is set up in the city's Skin Disease Control Research Office. Five venereal disease experts have been appointed to supervise monitoring work and outpatient service. The station has been installed with a set of imported equipment, which can examine, at world standards, all kinds of venereal diseases.

Venereal diseases are epidemic in the world. At present there have been more than 10 kinds of venereal diseases spreading in the world, not only the four kinds--syphilis, bapthurethrorrhea, chancroid and venereal ulcer as known in the past. Furthermore, AIDS--a newly emerged venereal disease--is all the more a terribly infectious disease with a high degree of fatality and has spread to 100 countries and regions in the world. According to the bulletin issued by the Hong Kong Public Health Department in mid-March, 72 people in Hong Kong have been infected with the virus of AIDS.

With the development of tourism in our country, the contagion sources of venereal diseases brought into China by foreign visitors are increasing. It is therefore necessary to spread knowledge of venereal diseases among the people and set up monitoring stations for prevention and control of venereal diseases.

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CSO: 5400/4123

PEOPLE'S REPUBLIC OF CHINA

OUTBREAK OF HEPATITIS REPORTED IN TIANJIN

HK030320 Beijing CHINA DAILY in English 3 Apr 87 p 3

[Text] Hepatitis has been spreading in Tianjin since the beginning of this year. The third-largest Chinese city reported more than 3,200 cases, 40 percent more than for the same period of last year and the worst outbreak since 1981.

According to the TIANJIN DAILY, the city's hospitals for infectious diseases have treated 2,102 hepatitis out-patients and taken in 708 patients, increases of 460 and 45 percent, respectively, over last year.

Most of the victims have been children in kindergartens, primary schools or secondary schools, aged between 4 and 15, the paper said. They mostly caught hepatitis A through daily contacts in classrooms or eating in public canteens.

Qiao Maobin, director of the Municipal Public Health Bureau, said hepatitis has been prevalent partly because of inadequate sanitation and hygiene measures at some schools and nurseries. The outbreak was also partly due to a failure to report the first few cases to the health authorities so that steps could be taken to prevent spread of the infection.

The inadequate disinfection of eating implements like chopsticks at restaurants and of blood transfusion and other medical equipment at some hospitals has also contributed to the recent wave of hepatitis, he added.

Last but not least, he said, this year may mark a peak in the hepatitis cycle, which usually lasts 6 or 9 years. The last widespread outbreak in the city occurred in 1981, Qiao said.

To prevent more cases, he said, the city government has hospitals to set up special clinical desks to handle hepatitis patients and to keep them in quarantine.

The municipal authorities have also banned all private food-stalls from the front of schools and kindergartens for fear they may sell unclean food. As another preventive measure, the city plans to inoculate 20,000 newborn babies with hepatitis vaccine.

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CSO: 5400/4124

HEALTH MINISTER ON INFECTIOUS DISEASE INCIDENCE

OW080728 Beijing XINHUA in English 0654 GMT 8 Apr 87

[Text] Beijing, 8 Apr (XINHUA)--China has successfully increased its immunity inoculation rate for children, resulting in a sharp drop in cases of infectious diseases, according to today's CHINA DAILY.

In a speech celebrating world health day, Public Health Minister Cui Yueli said in Beijing yesterday that a survey conducted in 27 provinces, autonomous regions and municipalities last year found that some 64-77 percent of infants below the age of 17 months in these regions had been inoculated against such diseases as tuberculosis, measles, pertussis, tetanus, diphtheria and whooping cough. The number of cases of these diseases was down by 36-46 percent compared with the previous year.

With the help of the World Health Organization (WHO), China has rapidly built up a freezing chain system needed for transporting vaccines across the country, saving the lives of thousands of babies, Cui said.

However, he said, the freezing chain system needs to be improved in some areas and there are still not enough trained medical workers to give inoculations.

In some mountainous regions and areas inhabited by minority nationalities, some infants are not being inoculated because of the backward economy and culture and poor transport facilities, he added, by quoting the example of Guangxi Zhuang Autonomous Region which had 69 percent of the country's cases of poliomyelitis.

To put the life-saving program into full operation throughout the country, China plans to strengthen the scientific management of inoculation and immunization and use every method to publicize the need for immunization and conduct research to improve the service.

Meanwhile, he said, China will continue to step up cooperation with foreign countries and the relevant United Nations' organizations. Every year, the World Health Organization selects one theme as a focus of activities for world health day. The theme for 1987 is "Immunization: a chance for every child."

China's children's inoculation day which falls on 25 April was decided last year by the Ministry of Public Health.

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CSO: 5400/4124

EXPRESSION OF FORM I ANTIGEN OF SHIGELLA SONNEI IN E. COLI HB101 STRAIN

Beijing YICHUAN [GENETICS] in Chinese Vol 8, No 2, Mar 86 pp 32-33, 37

[Article by Liu Xuebo [0491 1331 0590], Dan Chuanwei [0830 0278 0251], Mao Peiji [3029 1014 1015], Mou Zhaoqin (3664 0340 2953], and Yang Suya [2799 4790 7161], all of the Institute of Microbiologic and Epidemiologic Diseases, Academy of Military Medicine, Beijing; paper received 8 Jul 85]

[Text] Shigellosis (shigella dysentery) is a highly epidemic infectious disease found in developing countries. It is also one of the most common diarrheal diseases seen in China. Field trials and studies using nonintestinal live vaccines to attack the problem have all been found ineffective [2, 3]. Use of an attenuated live vaccine taken by mouth has shown certain preventive value [5, 6].

In recent years, Kopecko, Sansonetti, et al., have transferred a large non-conjugating form I plasmid (MW 120×10^6 dalton) of *Shigella sonnei* into *S. sonnei* form II colonies via the plasmid's mobilization system. They discovered that the synthesis of *S. sonnei* form I antigen and expression of its toxicity are related to this large plasmid [4, 7]. To research a live shigella vaccine through studies on the transfer of *S. sonnei* form I plasmids or related chromosomal genes is a hopeful approach. This paper reports on Tn5 tagging of *S. sonnei* plasmids, which in turn were mobilized by plasmid R386 and introduced into *E. coli* HB101 recipient colonies, thereby promoting expression of *S. sonnei* form I antigen.

Materials and Methodology

Bacterial Strains and Plasmids. For a list of the bacterial strains and plasmids used in this experiment, refer to Table 1.

Culture Media. LB meat broth, LB agar, and MacConkey lactose agar were prepared by our institute. Antibiotics kanamycin (Kan) 50 micrograms/ml, tetracycline (Tet) 50 micrograms/ml, streptomycin (Str) 100 micrograms/ml, and ampicillin (Amp) 25 micrograms/ml were added as needed.

Table 1. Bacterial strains and plasmids used in experiment.

Bacterial Strain	Plasmid	Drug Resistance	Source
<i>E. coli</i> Q90C	F'tslac::Tn5	Kan ^r , Amp ^s	Institute of Microbiology, Academia Sinica
<i>E. coli</i>	R386	Tet ^r Kan ^s	Beijing Capital Hospital Laboratory
<i>E. coli</i> HB101		Str ^r Kan ^s	Institute of Microbiology, Academia Sinica
<i>S. sonnei</i> 48025-11	Form I plasmids ¹⁾	Amp ^{r2)} Kan ^s Tet ^s	Bacteriology Laboratory of our Institute

1) Plasmid coded for gene of form I antigen.

2) Chromosomal gene mutation induced by our laboratory.

Tn5 Tagging of *S. sonnei* Form I Plasmids. During the conjugal transfer process for form I plasmids, no selectivity could be determined. For this reason, Tn5(Kan^r) must be used to tag form I plasmids, to indicate drug resistance selectivity. Q90C bacterial strain containing F'tslac::Tn5 plasmids was used as the donor for Tn5. Donors and recipients were inoculated separately onto the LB broth, and cultures were incubated overnight at 32 degrees centigrade and 37 degrees centigrade, respectively. The following day, cultures were reinoculated onto LB broth and cultured for another 3 hours. Then equal amounts of the donor and recipient cultures were mixed together and smeared onto the surface of LB agar and incubated for 24 hours at 32 degrees centigrade, after which the mold was rinsed off.

Various dilutions of the culture were then smeared onto a selective MacConkey agar medium containing antibiotics. After culture at 32 degrees centigrade for 24 to 48 hours, colonies that were positive to lactose fermentation and resistant to *S. sonnei* form I serum agglutination were selected out. The same culture also underwent purification twice by single-colony isolation. This resulting recombinant strain was then passed successively at 42 degrees centigrade to eliminate the temperature-sensitive F' plasmids. After this, Tn5 was inserted into form I plasmids to obtain kanamycin resistance.

Introduction of Mobilization Plasmids. Inherently, form I plasmids of *S. sonnei* could not be transferred, so mobilizing plasmids must be introduced. Plasmid R386 has good mobilizing properties [7]. The method for introducing R386 into Tn5-tagged *S. sonnei* 48025-11 strain was basically similar to that described above. Culture temperature was kept at 37 degrees centigrade. From the agar flat plate containing antibiotic, bacterial colonies resistant to *S. sonnei* form I hemagglutination were selected and purified.

Mobilization and Transfer of *S. sonnei* Form I Plasmids. With *S. sonnei* containing Tn5 tags and R386 mobilizing plasmids as the donor, and HB101 as the recipient, the two were hybridized on LB plate containing antibiotic, and form I plasmids of *S. sonnei* would be received by HB101. Such trans-conjugants (shown as HS) would be purified three times by single-colony isolation.

Serological Determination. Serum resistant to *S. sonnei* form I was supplied by the Institute of Biologicals. Form I antigen was determined by routine glass slide agglutination test.

Plasmid DNA Isolation and Agarose Electrophoresis. Plasmid isolation and determination of various bacterial strains and transconjugants followed method described earlier [1].

Results and Discussions

1. Biochemical Assay of Transconjugants

Assay followed routine procedures. The results in Table 2 show that after F'tslac::Tn5 had been transferred into recipient bacterial strain 48025-11, it received the capacity to ferment lactose. When temperature-sensitive F'tslac::Tn5 underwent successive passes at 42 degrees centigrade, F' disappeared, and its lactose fermentation capacity was also lost. When 48025-11 (Form I::Tn5, R386) as the donor, and HB101 as the recipient, underwent conjugal transfer, the biochemical characteristics of the resulting conjugant HS [HB101(Form I::Tn5)], upon testing, were found to be completely consistent with its parent HB101.

Table 2. Results of biochemical assay among various bacterial strains and transconjugants.

Bacterial Strain	Glucose	Lactose	Maltose	Mannitol	Sucrose
<i>E. coli</i> Q90C (F'tslac::Tn5)	⊕	⊕	-	⊕	-
<i>S. sonnei</i> 48025-11 (Form I)	+	-	+	+	-
<i>S. sonnei</i> 48025-11 (Form I, F'tslac::Tn5)	+	+	+	+	-
<i>S. sonnei</i> 48025-11 (Form I::Tn5)	+	-	+	+	-
<i>S. sonnei</i> 48025-11 (Form I::Tn5, R386)	+	-	+	+	-
<i>E. coli</i> HB101	⊕	⊕	⊕	-	-
HS (Form I::Tn5)	⊕	⊕	⊕	-	-

⊕ acid and gas producing;
 + acid producing, no gas;
 - no fermentation.

2. Analysis of Transconjugant Plasmids

The electropherograms of agarose gel electrophoresis for various bacterial strains and transconjugants are noted in Figures 1 and 2.

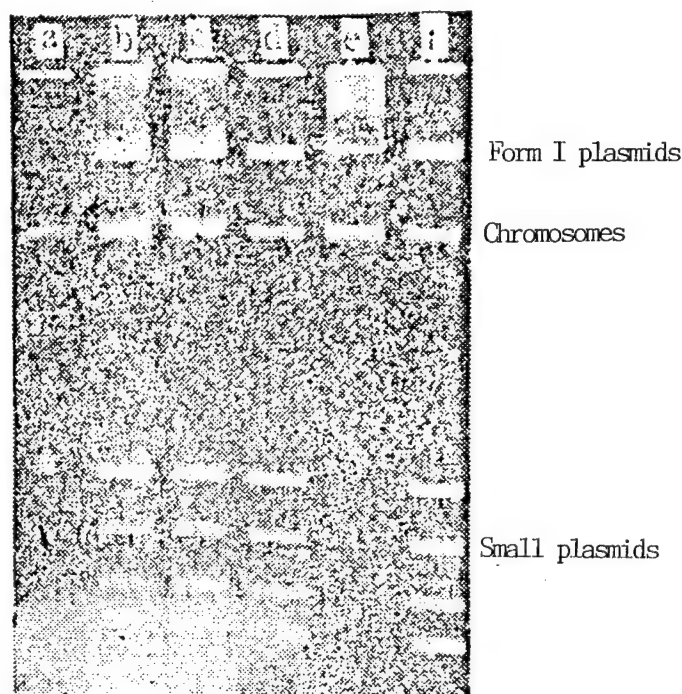


Figure 1. Agarose gel electrophoresis profiles for plasmids of various bacterial strains.

- a. Q90C (F'*tslac*::Tn5);
- b. 48025-11 (Form I);
- c. 48025-11 (Form I, F'*tslac*::Tn5);
- d. 48025-11 (Form I::Tn5);
- e. *E. coli* (R386);
- f. 48025-11 (Form I::Tn5, R386).

As shown in Figure 1, Q90C(F'*tslac*::Tn5) contains one plasmid band, and *S. sonnei* 48025-11 chromosome shows two plasmid bands in the upper region (the uppermost band is the form I plasmid band). After the two bacterial strains have been hybridized and 48025-11 has received F' plasmids, three plasmid bands appear. After the 42-degree centigrade temperature has removed the F' plasmids, two plasmid bands are again seen. After R386 is introduced, the plasmid band is broadened, due to approximation of the plasmid's molecular weight and replication of the plasmid band.

Figure 2 shows that besides the chromosomes, recipient strain HB101 is not seen in any plasmid band. Donor strain 48025-11 (Form I::Tn5, R386) shows

two large plasmid bands, and four small plasmid bands (except for form I plasmids, the rest may be R plasmids). Apart from the two large plasmid bands, two small plasmid bands are seen in transconjugants. The number of small plasmid bands differ from that for donor strains, as well as that for recipient strains, a fact which indicates HS is a new recombinant strain.

3. Serologic Determination

Hemagglutination of recipient strain HB101 and *S. sonnei*-resistant form I shows up negative, while that for HS strain and donor strain with form I shows up positive; indicating that HS is the expression of form I antigen of *S. sonnei*.

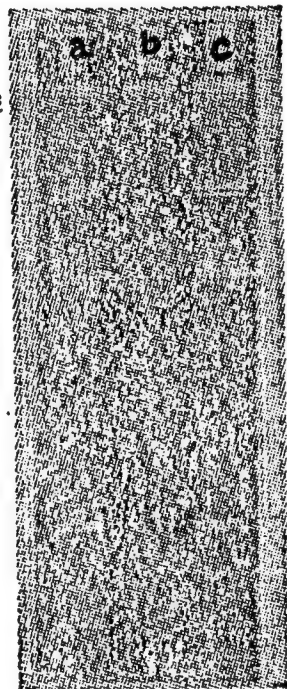


Figure 2. Plasmid analysis of transconjugant HS.

a. HS-20; b. HB101; c. 48025-11(Form I::Tn5, R386).

In summary, the expressed biochemical model of HS strain that we have obtained is the same as that for recipient strain HB101. At the same time, it is also expressed in form I surface antigen of the donor strain (*S. sonnei* strain). Moreover, backed by proof from plasmid examination and analysis, it is reasonable to determine that HS is the transconjugant. The expression of form I antigen is due to the recipient strain receiving the code for form I plasmid from the donor strain. The success of mobilization-transfer of *S. sonnei* form I plasmids has established the foundation for further research into finding a live shigellosis vaccine for *S. sonnei*.

Many thanks to Lu Deru [7120 1795 1172] and Su Guofu [5685 0948 1381] for advice and supervision in constructing bacterial strain Q90C(F'tslac::Tn5).

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5292/13046

CSO: 5400/4122

BRIEFS

ENDEMIC DISEASE CENTER IN HARBIN--Our province's research work on the prevention and treatment of endemic diseases will be geared to the needs of the entire country. The Endemic Disease Expert Consultation Committee of the Ministry of Public Health, and the China Endemic Disease Prevention and Treatment Research Center were established in Harbin today. The former is composed of endemic disease experts from all over the country, and the latter is composed of a Keshan Disease Research Institute, a Kaschin-beck Disease Research Institute, an Endemic Goiter Research Institute, and a Flourine Poisoning Research Office. They are responsible for the technical guidance to the endemic disease prevention, treatment, monitoring, and research of the country, and the organization for the nationwide propaganda and education on the prevention and treatment of endemic diseases. Provincial leaders, including Sun Weiben, Chen, Yunlin and Zhao Zhenhua, attended the inaugural meeting of the consultation committee and the research center. [Text] [Harbin Heilongjiang Provincial Service in Mandarin 1000 GMT 10 Feb 87] /9604

CSO: 5400/4123

AIDS MAY BE DECLARED 'NOTIFIABLE DISEASE'

Johannesburg THE SUNDAY STAR in English 29 Mar 87 p 6

[Article by Liz Clarke]

[Text]

AIDS may be declared a notifiable disease in South Africa.

If it is, the Republic will be one of the first countries in the world to take this step.

It would mean that every AIDS victim or carrier is placed on a central register. No longer could sufferers maintain "underwraps" secrecy.

The issue will be discussed at a Medical Association ethics meeting in Pretoria on April 24. Recommendations then go to the Medical and Dental Council.

If the recommendation is accepted, it would affect doctor-patient confidentiality and could change the medical profession's code of conduct.

Medical authorities fear the disease and accompanying hysteria could become uncontrollable.

Issues under discussion will be:

- Whether or not AIDS be declared a notifiable disease.
- Possible amendments to the rules of confidentiality.
- Concern among dentists that they are placing themselves and others at risk by treating an AIDS victim.

The dilemma facing the medical profession centres on Rule 16 of the ethics code, which states that a doctor may not divulge the state of a patient's health without prior agreement.

In a new AIDS development, Pretoria ambulance staff have been called in for tests after transporting a sufferer.

Hospital staff have asked for the names of all patients transported after the incident.

/9274

CSO: 5400/153

INFORMATIVE BOOKLET ON AIDS PUBLISHED IN CAPE TOWN

Johannesburg THE SUNDAY STAR in English 29 Mar 87 p 6

[Article by Liz Clarke]

[Text]

SEXY girlie books are the ones which usually land up on the bookshelves in plastic packets.

Now a new booklet, entitled "Avoiding Aids", has been given the under wraps treatment by publishers, Anubis Press in Cape Town.

According to the authors, Vincent Leroux and Dr Frank Spracklen, contents of the 32-page booklet are so explicit they may be offensive to some.

"We weren't ordered to seal the booklet," said Mr Leroux, "but on legal advice we felt it was a sensible decision as it will be sold in family outlets."

The publication is subtitled "What Every South African Man And Woman Should Know About Preventing The Infection".

The opening chapter gives facts and figures on the disease.

For instance:

THAT between one and two million Americans are thought to be infected. Ninety percent of them are carriers and unaware they are continuing to infect others.

THAT three-quarters of the homosexual population of Los Angeles and San Francisco is believed to be infected.

THAT between five and ten million people around the world now carry the virus and 100 million will become infected in the next 10 years.

THAT in South Africa, besides the reported deaths, 500 people

are showing symptoms. It is believed there are at least 5 000 carriers of the disease.

THAT out of 500 homosexual men tested recently in Johannesburg, 40 percent had the virus present in their bodies.

The next chapters deal with intimacy and give explicit details on anal intercourse and the reasons sodomy is a major cause of spreading the virus.

Promiscuity is also discussed, with many homosexuals AIDS sufferers reporting having had 25-60 sexual partners a year, while some had several hundred.

The condom issue is given the same open-minded treatment.

Other subjects include advice for women having sex with a bisexual man, sex with prostitutes and infection risks.

Also covered is advice for those raped by an AIDS carrier, details of non-sexual, high-risk activities and the question of donating and receiving blood.

The booklet, one of the most informative yet published in South Africa, devotes a final

chapter to AIDS tests.

Counselling of AIDS sufferers, however, will have to wait until a follow-up is produced for the medical and nursing professions.

Co-author Dr Spracklen is a member of the National Advisory Group on AIDS.

Linda Vergnani reports that child welfare societies may introduce AIDS screening for children to be given up for adoption or fostering.

Mr Willie Jacobsz, public relations officer for the National Council for Child and Family Welfare, said the question of AIDS screening would be brought to the attention of the council's medical board, which would make recommendations.

Mr Jacobsz said in cases of adoption and fostering, intensive medical tests were carried out on children and their biological parents.

Medical checks were also made on foster or adoptive parents. Tests could be updated to include AIDS screening.

BRIEFS

TRAVELLERS WARNED AGAINST MALARIA--Holiday-makers and travellers must take extra care when visiting malaria areas because of the high rainfall experienced in most parts of Southern Africa, a pharmaceutical company warned at the weekend. The latest statistics indicate 517 and 574 cases of malaria were reported for January and February this year, respectively, with five fatalities. It is, therefore, said to be important that travellers and holiday-makers take adequate precautions. [Text] [Johannesburg BUSINESS DAY in English 30 Mar 87 p 2] /9274

DOCTOR: MALARIA UNDER CONTROL--There have been no malaria-carrying mosquitos identified in Durban since November last year--and the malaria situation in Northern Natal has also been contained. Dr Robert Brown, Durban's Deputy Medical Officer of Health, confirmed yesterday that the malaria problem in the city had been minimal this year because of heavy rains that had flushed the mosquitos out of their breeding grounds. He said mosquitos bred in static water and rains had flushed this out. "There is no real risk of getting malaria in Durban, and while there was a problem at Mtubatuba in Zululand it has been brought under control," he said. Dr Brown said in Durban the City Health Department sent teams out every day to monitor the places that could become breeding areas. "We are constantly alert and keep an eye on all possible places where mosquitos could breed. We also watch risky properties and often tell residents or factories to watch their gutters, empty tyres and so on," said Dr Brown. [Text] [Durban THE DAILY NEWS in English 26 Mar 87 p 7] /9274

CSO: 5400/153

MALARIA RESURGENCE FOILS ERADICATION CAMPAIGN

Commentary on Danger

Colombo SUN in English 26 Feb 87 p 7

[Editorial: "Malaria Menace"]

[Text]

A country, that at one time boasted proudly of having eradicated the killer disease malaria, is reeling under its sting once again.

Sri Lanka, which attacked this mosquito menace with great gusto in the 40s, and believed that it had seen the last of it, registered a four fold increase in the spread of malaria in 1986, over the previous year.

While 100,000 cases of malaria were reported islandwide during 1985, the corresponding figure for 1986 was 400,000.

Judging by these statistics, the anopheles is coming into its own once again. It has successfully broken the back of the campaign, that was launched with much fanfare against it sometime back. The gravity of the situation could be realised, when we recollect that the dramatic drop in mortality in the '40s, was mainly attributed to the resounding successes that were scored in the battle against the malaria menace.

The successful offensive against malaria and the subsequent decline in the death rate, were viewed as the invaluable fruits of social welfarism and the proliferating health services in the country.

There are various ways of looking at the ominous figure, 400,000. The authorities prefer to consider the burgeoning number of malaria patients as a direct product of the mosquito's growing immunity to the insecticides that are being frequently used.

At one time DDT was used with resounding success. Today it is completely ineffective against the germ-carrying mosquito. The malaria mosquito is believed to be totally immune to this insecticide. Seen from this point of view, the problem is largely technical in nature. It only requires the replacing of one insecticide with a more lethal one. This has been already done. Today malathion is projected as the answer to the spreading malaria scourge.

However, even in the case of malathion, the authorities have reportedly stumbled across some problems. Householders are believed to be taking exception to the use of malathion in the vicinity of their homes and compounds.

On the other hand, the resurgence of these killers of yesteryear, such as malaria, could be viewed as a valuable pointer to the deteriorating living conditions of the people. The anopheles is a carrier of the malarial germ. It breeds in neglected waterways, pools, drains and swamps. Land is opened-up meaninglessly, while swamp land and marshes are permitted to go waste. Water is permitted to accumulate and pose serious health hazards to the people. Ways and means are not being sought to siphon away waste water effectively. Drainage systems are obsolete or are not being built anew, particularly in urban areas, to facilitate the disposal of effluents and waste matter. These are the proverbial conditions that aggravate epidemics and constitute the breeding ground for death and disease.

Any programme that is aimed at eradicating malaria, should take cognizance of these deplorable conditions in the country. Initially, an effort must be made to eliminate these factors, to the greatest extent possible. Health awareness programmes should also be launched to familiarise the people with the various insecticides that are being used. The public must be convinced of their usefulness. Then, perhaps, there will be less resistance to their use.

Asafoetida Research

Colombo THE ISLAND in English 12 Mar 87 p 2

[Article by Sisira Wijesinghe]

[Text]

Perumkayam (Asafoetida) is now being tested at the Bandaranaike Memorial Research Institute (BMIR) for use as a mosquito killer.

A spokesman for the BMIR told *"The Island"* that a research conducted by a group of physicians headed by Ayurveda Chakravarti B. C. G. Fernando has found that asafoetida acts as a mosquito repeller.

"When small quantity of this is tied to your hand and you visit a malarial area, you can avoid the risk of getting infected", says one of the members in the research team.

/9317

CSO: 5400/4711

BRIEFS

SCRUB TYPHUS REPORTED--An unusual disease known as scrub typhus has surfaced in the country. The disease which is spread by mites including ticks and fleas has made an appearance after several years, according to medical sources. It was recently discovered in a young engineer working at Pelawatte. The symptoms included high fever, vomiting and stiff neck. Earlier, doctors had thought that the disease was influenza, but tests conducted at a private laboratory had confirmed that it was scrub typhus, according to the patient's doctor. According to the patient, many of his colleagues who camp for several weeks in that area and whose work involves jungle clearing were suffering from the same symptoms. The area they worked in was also infested with ticks. Tests conducted on the patient by the Medical Research Institute (MRI) earlier for this disease were found to be negative. However, the test described by the MRI as 100 percent efficient depends on when the blood sample is taken. Scrub typhus is spread mainly by certain ticks in jungle areas and is common in Africa and Burma. It has also been reported in Japan. [Text] [Colombo THE ISLAND in English 26 Mar 87 p 3] /9317

CSO: 5400/4711

THAILAND

VENERAL DISEASE IN TOP 10 COMMUNICABLE DISEASES

Bangkok MATICHON in Thai 19 Feb 87 pp 1, 2

[Unattributed report: "Veneral Diseases Are Among the Top 10 Communicable Diseases in the Country"]

[Excerpt] There are more than 200 tourist spots in Pattaya that can spread communicable diseases, that is, venereal diseases, diarrhea, and malaria. There are more than 4,000 female and male prostitutes who are susceptible to AIDS, because Pattaya is at great risk. Preparations are being made to give blood tests. A center to coordinate activities concerning AIDS will be established at the Sirirat Hospital.

At 0900 hours on 18 February at the Wong Amat Hotel in Pattaya, Chonburi Province, the Department of Communicable Disease Control opened a seminar on communicable diseases. The seminar will run from 18 to 20 February. Those attending include 250 medical administrators and academics from Bangkok and up-country.

Dr Thahan Phanphu, the deputy director-general of the Department of Communicable Disease Control, Dr Samroeng Saengsu, the director of the Zone 3 Veneral Disease Center, Chonburi Province, and Dr Somsak Buanseriphathai, the head of the VD Unit, Pattayarak Center, stated that a survey of tourist spots in Pattaya has shown that there are 304 places of entertainment where important communicable diseases can be spread. This includes more than 200 beer parlors and more than 100 bars. There are also massage parlors and hotels. There are more female prostitutes than male prostitutes or gays.

Dr Somsak said that of the 4,200 female prostitutes who came for a physical examination in 1986 in order to register, 30 percent had a venereal disease. All of these were capable of transmitting the disease.

Dr Somsak added that important communicable diseases that pose a problem in Pattaya today include VD, diarrhea, and malaria. Of those who have a venereal disease, 40 percent have gonorrhea. The situation concerning diarrhea and malaria is quite serious, too.

"However, the VD Center and the Pattayarak Center are not sitting by idly. In 1987, which is Visit Thailand Year, we are coordinating things with the

Pattaya public health officials and the Lamung Hospital in order to examine and monitor those who have these diseases. We will implement the following plans or programs: 1. We will provide knowledge concerning hygiene at the 304 spots where people can contract diseases. 2. Officials will visit these places and the homes of the prostitutes in order to provide guidance and treatment. 3. We will cooperate with the Provincial 2 Police Precinct in issuing ID Cards to prostitutes. The same pink card is used nationwide. Prostitutes who have this card can work anywhere in the country."

Dr Thahan said that in addition to these diseases, officials are also focusing on AIDS. This disease poses a great threat to Pattaya, because people come and go here constantly. Officials of the Department of Communicable Disease Control have formulated a plan to deal with this disease. Precautionary measures will be implemented and blood tests will be given. In 1986 blood tests were given to 2,750 gays and prostitutes, of whom 2,500 were women. The tests were negative in all cases. However, in March 1987, officials will give blood tests again.

Dr Prasoet Thongcharoen, the dean of the Faculty of Medical Technology, Sirirat Hospital, told MATICHON that this is the Visit Thailand Year and everyone is excited about tourism. However, people should be concerned about diseases like AIDS can that invade the country quietly. It's impossible to tell if a person has the disease. Thus, the World Health Organization is focusing on this disease in Southeast Asia. It wants to establish two AIDS coordination centers, one in India and one in Thailand. However, it has not yet established the Indian center, because preparations have not been completed. However, Thailand is prepared in terms of both equipment and personnel. The World Health Organization has asked the Thai government for permission to establish this center at the Sirirat Hospital. Dr Prasoet will serve as the director of the center.

11943

CSO: 5400/4349

WORKERS CONCERNED OVER AIDS 'EPIDEMIC' IN THREE PRISONS

Port-of-Spain DAILY EXPRESS in English 3 Apr 87 p 1

[Article by Suzanne Lopez]

[Text]

AN ALLEGED AIDS epidemic at the nation's three prisons has prompted a call from prison officers for "safety gear" for the handling of diseased inmates.

The call has been made to the prison administration by the Prison Officers Association of Trinidad and Tobago on behalf of all male and female prison officers.

There are some 14 confirmed AIDS victims in the prisons, according to Michael

Mollineau, General Secretary of the Association; two in the female prison and 12 among prisoners on the island prison of Carrera, the State Prison, Frederick Street and Golden Grove. Fears are that there might be unconfirmed victims among the other prisoners, Mollineau said.

The disease was first detected in the prison more than 12 months ago, and although the number increased over the last year, no protective gear was given to prison officers, Mollineau said. He added that the diseased prisoners were sometimes kept in cells with healthy prisoners.

"I can say one thing for the authorities though. They have started the process of isolating the prisoners with AIDS," Mollineau said. He said the situation has become "explosive" since the risk of contracting disease is greater because of an over-crowding problem.

"Things became explosive in the female prison the other day, for instance," said Mollineau, "as there are two female prisoners with AIDS and five with venereal disease. The prison is overcrowded in that the female section, with accommodation for 20 prisoners, now has 30."

The demands of both male and female prison officers are: safety gear, such as gloves and masks, be provided, particularly for the infirmary officers who must handle victims of the AIDS virus; total iso-

lation of affected prisoners, and professional advice on how prisoners suffering with the virus should be handled by officers.

The prison officers are also protesting alleged plans by Government to use the former Youth Training Centre, which has been vacant for more than a year, as a half-way house for vagrants.

"Our safety will be at stake, as that building is not suitable for such an undertaking," Mollineau said.

When contacted on the AIDS issue yesterday, Prison Commissioner Michael Hercules dismissed the allegations as "totally irresponsible." He declined to say whether he was aware of an outbreak of AIDS in prison.

Before referring the *Express* to "higher authorities," Hercules said: "There are other prisons in the world with victims of AIDS virus, but I don't know any prison where they give the officers safety gear. It's just a matter of education," he said.

Minister of National Security Herbert Atwell has so far declined comment on the issue although the *Express* spoke to his office on three occasions.

/9274

CSO: 5440/087

BRIEFS

MOSQUITO RESEARCH--The Port-of-Spain-based Caribbean Epidemiology Centre (Carec) is to receive a US\$70,000 (TT\$252,000) research grant to test the effectiveness of a biological means of eradicating the harmful aedes aegypti mosquito, according to Health Minister Dr Emmanuel Hosein. Dr Hosein said in opening the 13th annual meeting of the Carec Council on Thursday that the National Institute of Scientists would be funding the research to take place in Union Island, in St Vincent and the Grenadines. The tests will look at the possible use of the toxorhynchites moctezuma mosquito--which feeds on aedes aegypti larvae--but does not bite human beings. The less-harmful mosquito is currently being tested in Port-of-Spain by researchers into the leukemia-causing HTLV-1 virus. Mr Hosein said his government was considering funding similar tests on the mosquito-versus-mosquito eradication in Trinidad and Tobago. [Excerpt] [Port-of-Spain TRINIDAD GUARDIAN in English 30 Mar 87 p 16] /9274

PAYMENTS TO CAREC--Trinidad and Tobago will take steps to cover the shortfall in payments due to the Caribbean Epidemiology Centre (Carec) for 1986, according to Minister of Health, Welfare and the Status of Women, Dr Emanuel Hosein, addressing the Carec Council meeting at Federation Park Thursday. The Minister also pledged continued payment of this country's allocation to Carec on a regular basis. He thanked the centre for its role in identifying the thallium poisoning problem in Guyana and said he was looking forward to the expansion of its work in the field of epidemiology surveillance, virology, health care training and research. The Minister noted that Carec suffered lack of funding from a number of member countries but was yet able to train more than 593 persons in 1986 in disease surveillance, laboratory technology, statistics, specific diseases and their causative agents. Of the 19 member countries, Trinidad and Tobago contributes the largest amount--60 percent--to the upkeep of the institution. [Text] [Port-of-Spain TRINIDAD GUARDIAN in English 30 Mar 87 p 16] /9274

CSO: 5440/087

ZAMBIA

BRIEFS

250 AIDS CASES REPORTED--Lusaka--An estimated 54 people are reported to have died from Acquired Immune Deficiency Syndrome (AIDS) in Zambia since 1985, when 250 cases were reported, director of medical services Evarist Njelesani said at a meeting at the university teaching hospital here. Dr Njelesani said very little had been done to find a remedy for AIDS, and the only tool was to educate the public on how to avoid contracting the deadly disease. "We strongly criticize the foreign media for exaggerating the prevalence of AIDS in Zambia" he said. "Why should they treat our country in that manner when the United States of America has 29,003 cases of AIDS reported as of January 14 this year?" [Text] [Addis Ababa THE ETHIOPIAN HERALD in English 8 Feb 87 p 6] /9274

CSO: 5400/150

BRIEFS

MALARIA CAUSES CONCERN--The Zimbabwe ministry of health has embarked on a nation-wide campaign to avert the spread of chloroquin-resistant malaria which has been reported in some parts of the country. Chief government epidemiologist Dr Richard Munochiveyi said at least seven cases of malaria had been reported in the Zambezi valley between 1983 and 1984. The ministry carried out research in the high endemic areas in 1984 and found that the major cause of the disease was the misuse of chloroquin, he said. The chloroquin-resistant malaria affected people who did not take the full course of the treatment and those who took the drug as a prevention. [Text][Lusaka TIMES FO ZAMBIA in English 19 Mar 87 p 3]/12828

CSO: 5400/156

BRIEFS

INADEQUATE ANIMAL CARE--A large number of our domestic animals die every year due to lack of proper treatment and care in the district. A survey revealed that the country has about 2 crores and 11 lakh and 55 thousand cattleheads, 5 lakh and 75 thousand buffaloes, one crore and 30 thousand goats, 5 lakh and 23 thousand rams, 7 crore and 3 lakh and 50 thousand hens and cocks and one crore 74 lakh and 77 thousand geese. Due to the lack of proper treatment and care about 31 lakh cattleheads, 15 lakh goats and rams, two crore 82 lakh poultry birds worth about Taka 15 crore die every year. There are one live-stock officer and one veterinary surgeon along with their staff in every upazila of the country. Inadequate supply of medicines always hampers the treatment, [Excerpt] [Dhaka THE BANGLADESH OBSERVER in English 10 Mar 87 p 7] /9274

CSO: 5450/0117

EXPORT OF BEEF HAMPERED BY STOMATITIS INFECTIONS

Belize City THE REPORTER in English 22 Feb 87 p 1

[Text]

BELIZE's DELEGATION to the 29th meeting of the CARICOM Council has returned home with a feather of sorts in its cap.

The delegation, headed by Trade and Industry Minister Mr. Dito Juab, has got the CARICOM Council to lift all restrictions on beef imported from Belize. This means that Belize can sell her beef to Jamaica, Barbados and Trinidad and Tobago, CARICOM's best markets. The Council has already asked member states to amend their animal quarantine regulations to give effect to this decision.

But the lifting of CARICOM's restrictions is not expected to have any impact on a six-month quarantine which has been imposed on Belize because of the finding of visicular stomatitis infection in some of Belize's cattle.

The problem was discovered late last year by a group of common market experts among the cattle of Cayo, Stann

Creek and Toledo. No infected animals were discovered in Orange Walk and Corozal and the restrictions do not apply to these animals of the north.

Cattle in Orange Walk and Corozal are apparently free of the infection and beef from these animals can be sold to CARICOM without problems..

Were it not for the visicular stomatitis Belize could begin to gear up for a profitable export programme in beef, but the presence of the disease will create problems for Belize exports during the next five months.

Already the supply of available cattle from the north has begun to dry up and Belize Beef Limited, owners of the abattoir, have begun to advertise for prime animals.

Despite the stomatitis setback, the prospects for Belize beef are bright and a number of CARICOM countries have expressed an interest in Belize beef and what now appears to be an opening market for Belize mutton.

/9317

CSO: 5440/088

BRIEFS

ANTHRAX DISEASE UNDER CONTROL--The anthrax disease which broke out recently in Tamale has been brought under control through an immunisation exercise carried out by personnel of the Animal Health and Production Department in the area with the assistance of students of the Veterinary College at Pong Tamale. During the exercise. 39,000 sheep and goats in and around Tamale were immunised against the dreadful disease. The Regional Animal Health Officer, Dr Mensah Agyen-Frimpong, cautioned the public against purchasing meat from unauthorised meat shops and said stern measures would be adopted to ensure the sale of wholesome meat to the public. Dr Addai Thomas, District Animal Health Officer who led the immunisation team disclosed that some Animal Health Officers are to carry out investigations into the cause of the outbreak of the disease during this period instead of the usual rainy season. A section of the immunisation team at work at Gumaa Village near Tamale. [Text] [Accra PEOPLE'S DAILY GRAPHIC in English 19 Mar 87 p 1] /9274

CSO: 5400/151

BRIEFS

REDWATER DISEASE SPREADS--Mbabane--The tick-borne redwater disease which is reported to have already killed hundreds of cattle in the Lebombo district of northern Swaziland has now apparently spread to the central district, Mankanyane. Villagers in the area are reported to be besieging the local veterinary office as dozens of their cattle become weak and die. The veterinary services deputy director, Dr Jabu Dube, said the cattle owners should be blamed for the spread of the disease as many farmers refused to pay for dipping chemicals. They claimed the chemicals were too expensive and that money held by dip-tank committees was often misused. [Text] [Johannesburg THE STAR in English 9 Mar 87 p 8] /9274

CSO: 5400/150

TURKEY

BRIEFS

VILLAGES UNDER QUARANTINE--The subdistrict of Yuva and the village of Kisla in Elmali, a district of Antalya, have been placed under quarantine after hoof-and-mouth disease was observed in cattle. the entry and exit of cattle have been banned and a vaccination campaign has been started. [Text] [Ankara Domestic Service in Turkish 0530 GMT 14 Mar 87 TA] /12913

CSO: 5400/2450

BACTERIA TO BE SPRAYED IN KAMLOOPS FIGHT AGAINST BUDWORM

Vancouver THE SUN in English 13 Mar 87 p B1

[Article by Glenn Bohn]

[Text]

A biological control method is to be tested against a massive outbreak of western spruce budworm in the Kamloops forest region.

That government decision was lauded Thursday by a director of the B.C. Coalition for Alternatives to Pesticides, a coalition of 20 environmental groups.

"I think it's wonderful," coalition spokesman Carole Rubin said in a telephone interview from her Sechelt home.

The B.C. forests ministry has announced plans to spray a bacteria called *Bacillus thuringiensis*. The government says the bacteria works specifically on forest cater-

pillars such as budworms, which die of an infection after eating it.

Rubin said the announcement indicated a shift away from a ministry "mindset" that immediately dismisses biological and manual alternatives.

Public opposition to chemical pesticides has been growing in regions such as the Kootenays, where there were confrontations last summer between pesticide applicators and protest groups.

Dennis Hutcheson, a ministry employee heading the Kamloops project, indicated the possibility of protests was a factor in the ministry's decision to test the bacteria.

"I have no intention of getting into an environmental conflict with

anybody," Hutcheson said. "I went through that in '76."

During the mid-1970s the budworm infested an estimated 200,000 hectares in the Fraser Canyon region and the ministry proposed a pesticide-spraying program, but the budworm's population declined naturally without major spraying.

Peter Levy, the ministry's regional director, said staff will identify economic losses and projected benefits before deciding on a control program, "which could cost millions of dollars on an annual basis until the insect population collapses."

This year, the ministry plans to use the bacteria on 10 to 15 small test blocks.

/9274

CSO: 5420/26

BRIEFS

GRASSHOPPERS DESTROY CASSAVA--Grasshoppers are destroying cassava crops in the Tutukpene and Brewaniase areas along the Togo ranges in the Nkwanta District. So far, 20 hectares of the crop have been destroyed in both areas. Mr W. K. Iddrisu, district extension officer of the Volta Region Agricultural Project (VORADEP) at Nkwanta disclosed this to the 'Graphic.' According to him, a plant protection unit of VORADEP has visited the areas but could not immediately act because there are no chemicals immediately available to combat the invasion. He however, said a report has been forwarded to the Plant quarantine unit at Pokuase near Accra for a solution to the present situation. The extension officer indicated that the situation has created an unrest among the farmers. [Text] [Article by Tim Dzamboe] [Accra PEOPLE'S DAILY GRAPHIC in English 30 Mar 87 p 8] /9274

CSO: 5400/151

VIETNAM

BRIEFS

RICE LANDS DESTROYED--Hanoi, 11 April (VNA)--More than 340,000 hectares of the spring-summer rice crop or 30 percent of the total rice acreage in northern provinces have been seriously devastated by brown planthoppers, blackbugs, stinkbugs, green leafhoppers and blast disease. The figure has been made public by the general department of statistics which warns that more rice crop fields remain subject to such destruction if necessary and drastic measures are not taken in time. [Text] [Hanoi VNA in English 0717 GMT 11 Apr 87 OW] /12858

CSO: 5400/4353

END